Maternal and Child Health Services
Title V Block Grant

State Narrative for Arizona

Application for 2010
Annual Report for 2008

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Table of Contents

I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.

B. Face Sheet

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. Assurances and Certifications

Certification and assurances will be kept on file at the Arizona Department of Health Services.

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; expires May 31, 2009.

E. Public Input

Public input regarding the MCH Block Grant and the associated performance and outcome measures has been incorporated as a continuous process within OWCH and OCSHCN. Program managers and staff who work directly with the public, contractors, and community partners brought the perspective of those stakeholders to the process. The Office of Women's and Children's Health produces quarterly newsletters which are transmitted to partners electronically and posted on the OWCH website. These newsletters keep our partners up to date on our activities and priorities. The Office of Women's and Children's Health and the Office for Children with Special Health Care Needs met with stakeholders independently and jointly.

/2008/
In addition to the public input activities listed above, the Bureau of Women's and Children's Health conducted a number of public input meetings during the last two years. In 2006 and 2007, all of the bureau chiefs of Public Health Prevention Services are visiting each county health department in Arizona. The purpose of the visits is to learn about the unique needs of each local area, and gather feedback on how we can better meet those needs. During the spring of 2007, the Bureau of Women's and Children's Health posted their 2006 -- 2010 Strategic Plan and a draft of this application on the internet for public comment and feedback. Additionally, a community advisor read a draft of the application and provided feedback.

OCSHCN's direct service programs now collect survey data on family satisfaction, and OCSHCN has implemented a new telephone inquiry tracking system to identify trends in family's concerns. In addition, the OCSHCN website has a link through which annonymous input can be given. OCSHCN continues to get feedback through its Integrated Services Grant, which brings together partners from state child-serving and community-based agencies, parents and youth, and OCSHCN's community development teams are an ongoing source of feedback. An intensive stakeholder input series designed for CRS identified issues that applied more generally to children with special health care needs.
//2008//

/2009/In addition to the activities outlined above, OCSHCN provided copies of the draft narrative from the 2009 application to contractors, community partners, parents and youth for review and comment.//2009//

/2009/ A draft of the 2009 block grant application was placed on the ADHS web and stakeholders were notified and asked to comment. //2009//

/2010/OCSHCN collected survey data on family satisfaction for CRS, FRC, DME and Telemedicine. In 2008 and 2009 OCSHCN conducted key informant and partner interviews to get input into what the community sees as strengths and weaknesses and unmet needs of current system of care for CYSHCN. Participants were asked to help provide solutions//2010//

II. Needs Assessment

In application year 2010, it is recommended that only Section IIC be provided outlining updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

Needs assessment activities for the Bureau of Women's and Children's Health (BWCH) included many public input activities. In 2006 and 2007, the bureau chief is visiting each county health department in Arizona. The purpose of the visits is to learn about the unique needs of each local area, and gather feedback on how we can better meet those needs. During the spring of 2007, the Bureau of Women's and Children's Health posted their 2006 -- 2010 Strategic Plan and a draft of this application on the internet for public comment and feedback. Additionally, a community advisor read a draft of the application and provided feedback. Feedback obtained during these public input activities supported continuation of the seven priority needs identified for the BWCH in the 2005 Needs Assessment. These priority needs are listed in section IV B of this application.

All of OCSHCN's direct service programs now collect survey data on family satisfaction, and OCSHCN has implemented a new telephone inquiry tracking system to identify trends in family's concerns. In addition, OCSHCN has implemented a website with a link to provide annonymous feedback on OCSHCN programs.

The Integrated Services Grant brought together partners from state child-serving and community-based agencies, parents and youth, to identify barriers to statewide implementation of medical home and care coordination for CYSHCN. The grant's task force and committees represent the Arizona Chapter of the American Academy of Pediatrics, Arizona Medical Association, all of the major child-serving agencies, the three state universities, family organizations, parents and youth, the Governor's office, and many other key stakeholders. A key activity is to evaluate how current systems for serving CYSHCN, including OCSHCN programs, promote Title V performance measures, which encompass family-friendly, community-based care. OCSHCN strategic planning uses results from this evaluation to target scarce Title V resources and align them with identified gaps. A primary evaluation question will be whether OCSHCN is effectively directing its Title V resources to address performance measures.

OCSHCN's 13 community development teams choose projects based on the needs of their own communities. Raising Special Kids and their affiliated family-advocacy groups recruited families for focus groups throughout the state to help inform the design for Children's Rehabilitative Services as the program is scheduled to go out for a new procurement. Stakeholder input also included physicians and other providers, AHCCCS administration and health plan medical directors. Input went beyond the CRS Program and identified issues that applied more generally to children with special health care needs.

Concerns among providers and families alike indicated that the system of care is fragmented and is confusing to navigate, with lengthy and redundant eligibility processes and unpredictable benefits. Children are often split up among several agencies for different aspects of their care. Fragmentation also exists between primary and specialty care, and a need was voiced for a reimbursement system that adequately compensated providers for primary care for C/YSCHN. Provider shortages were identified as contributing to long waiting times for appointments for pediatric sub-specialists. Overall, a need was identified to better educate families, providers, and agencies about the child-serving systems of care and their eligibility processes.

Because of the identified need to clarify systems of care and facilitate linking children and youth with appropriate services, OCSHCN is refocusing two of its priorities.

New Priority #8. Educate families, providers, and child-serving agencies on eligibility rules and processes for accessing services.

OCSHCN will target education efforts within its own agency by training OWCH Hotline staff, Neonatal Intensive Care Program staff and Community Nursing staff on eligibility rules and coverage of programs within OCSHCN and other agencies. OCSHCN will also develop resources to train AHCCCS and other providers, hospital discharge planners, families, and eligibility workers within other agencies. The OCSHCN website and e-learning system will be expanded to include trainings on navigating the systems of care for CSHCN.

New Priority #9. Increase access to available and appropriate services for children and youth with special health care needs.

Through the SSDI grant, OWCH and OCSHCN are defining processes to identify newborns who test positive through the state's Newborn Screening Program and refer them to appropriate staff within both offices and facilitate their enrollment into programs for care coordination and direct medical services. OWCH and OCSHCN are also collaborating to define a new state performance measure, which will track the percent of children identified through the newborn screening process who receive services through an OWCH or OCSHCN program.

III. State Overview

A. Overview

The Governor's Commission on the Health Status of Women and Families was formed in 1999 with key leaders in the public and private sector appointed to serve on it. Title V funds a position in the Governor's office to staff the Commission, and in May of 2005, the Governor approved the Commission's recommendations and empowered them to develop an implementation plan around the following recommendations:

1. Increase access to health care for the women of Arizona through: a) Comprehensive, continuous health insurance coverage throughout the life cycle; b) Integrate dental and behavioral health with physical medicine; c) Increasing access to family planning services for low-income women in Arizona; and d) promoting cultural and linguistic competency among the health care community to achieve appropriate care for diverse populations.

2. Improve the health and well-being of women in Arizona by increasing women's awareness of how they can positively impact their health and well-being.

3. Reduce the teen pregnancy rate in Arizona, with a particular emphasis on reducing the number of second pregnancies to teens.

4. Increase prenatal care and pre-conception care for women in Arizona through: a) Increasing the number of women who access early prenatal care to improve birth outcomes; b) Increasing access to better oral health to improve birth outcomes; and c) Promoting healthy preconception lifestyles to women.

/2007/ The Governor's staff position moved to ADHS Division of Public Health Prevention Services to coordinate women's health efforts within the Division, act as a liason among partners, staff the Governor's Women's Commission, oversee implementation of the plan, and provide technical assistance. //2007// /2009/ The Governor signed an executive order reauthorizing the Commission. The Governor's staff are in the process of appointing members and determining future activities. The Women's Health staff position moved back to the Governor's Office to enhance the visibility of women's health issues as well as to better integrate with various statewide efforts. //2009//

POPULATION

Arizona is the second-fastest growing state in the nation, with an estimated population of 5,832,150 in 2004. The state population grew by nearly 1.9 million people in the period between 1993 and 2004, representing an increase of 48 percent. An estimated 200,000 undocumented immigrants moved to the state during the past five years, and Arizona now has the fifth-largest population of undocumented immigrants in the United States, with an estimated undocumented population of 500,000.

Since the last five-year maternal child health (MCH) needs assessment in the year 2000, there has been a 14 percent increase in Arizona's population, while the population growth within the nation as a whole for the same time period was only 4.3 percent. Over the next 25 years, the U.S. Census projects that Arizona will grow by five million people, doubling by the year 2030. By 2004, the maternal-child population included 2,797,421 women of childbearing age and children under age 21.

There are 15 counties in Arizona; however, 77 percent of the state's population resides in either Maricopa or Pima Counties. Maricopa County alone added 500,000 people since 2000, more than any other county, making it the third largest county in the United States. Overall, three of every four Arizonans lives in an urban area, one in five lives in a rural area; 2 percent live in a

frontier area, and 3 percent live on Indian reservations.

/2007/Arizona is the second-fastest growing state in the nation, with an estimated population of 6,044,985 in 2005. The population grew by over two million people between 1993 and 2005, representing an increase of 53%. Since the year 2000, there has been a 15% increase in Arizona's population, while the population growth in the nation for the same time period was only 5%. By 2005, the MCH population included 2,901,142 women of childbearing age and children under age 21. Maricopa County alone added 576,396 people since 2000.//2007//./2008/During the 12 months ending July 1, 2006 Arizona was the fastest growing state with a population increase of 3.6%. //2008// /2009/ In 2007, Arizona's population grew to 6,338,755 -- an increase of 1,208,140 persons (23.5%) since 2000, making Arizona the second-fastest growing state in the nation.
Fifteen percent of the people living in Arizona in 2006 were foreign born. Eighty-five percent was native, including 36 percent who were born in Arizona. //2009//***/2010/ According to Census population estimates, Arizona's population was 6,500,180 in 2008 and increased by 1,369,548 persons since 2000 (26.69%). Approximately 161,425 persons increased since 2007 with Maricopa county ranking number one in population growth. //2010//***

RACE/ETHNICITY

Twenty-one American Indian tribes reside in Arizona, each representing a sovereign nation with its own language and culture. Tribal lands span the state and even beyond state borders, with the Navajo Reservation crossing into New Mexico and Colorado, and the T'odono Odham Reservation crossing international boundaries into Mexico.

Approximately 18 percent of tribal members reside on tribal lands while 82 percent are considered urban. Some counties have high proportions of American Indians among their population. Seventy-seven percent of Apache County, 48 percent of Navajo County, and 29 percent of Coconino County residents are American Indians.

Four counties border Mexico, and Arizona has an increasing Hispanic population, with a higher proportion of Hispanics (28 percent) compared to the nation (13 percent). An even higher percentage of children are Hispanic (39 percent in Arizona, compared to 19 percent nationally). In 2003, the number of births to Hispanic mothers surpassed Anglos for the first time. Arizona has a smaller percentage of African Americans than the nation (3 percent compared to 13 percent) and a higher proportion of Whites (88 percent compared to 81 percent nationally). /2009/ For people reporting one race alone in 2006, 79 percent was White; 3 percent was Black or African American; 5 percent was American Indian and Alaska Native; 2 percent was Asian; less than 0.5 percent was Native Hawaiian and Other Pacific Islander, and 11 percent was Some other race. Two percent reported two or more races. Twenty-nine percent of people in Arizona were Hispanic. Fifty-nine percent of the people in Arizona were White non-Hispanic. //2009//***/2010/ The composition of Arizona's population in 2008 includes 70 percent non-Hispanic population and 30 percent Hispanic population. The majority of the Hispanic population is found in Santa Cruz (80%) and Yuma counties (56%). In 2008, of those who reported one race alone and those who were not Hispanic or Latino, approximately 83.5 percent were White. Five percent was African American; approximately six percent was Native American; approximately 3 percent were Asians; less than one percent was Native Hawaiian and/or Pacific Islander; and the remainder was some other race, which included two or more races. //2010//***

LANGUAGE SPOKEN

Arizona residents are more likely to speak a language other than English at home (26 percent in Arizona compared to 18 percent nationally), and more likely to report speaking English "less than very well" (11 percent in Arizona compared to 8 percent nationally). Among Arizona residents

who spoke English "less than very well," 85 percent spoke Spanish, while the other 15 percent spoke one of many other languages. /2009/ Among people at least five years old living in Arizona in 2006, 28 percent spoke a language other than English at home. Of those speaking a language other than English at home, 78 percent spoke Spanish and 22 percent spoke some other language; 44 percent reported that they did not speak English "very well." //2009//

ECONOMY

Arizona is second in the nation in generating jobs; however, wages and personal income lag behind the rest of the nation. Arizona's main economic sectors include services, trade and manufacturing, and most of the fastest growing jobs in Arizona are jobs with relatively low wages and fewer benefits (such as health insurance). The average per capita personal income in Arizona ranked 38th among the 50 states, at $27,232 in 2003. Although the cost of living in Arizona mirrors national averages, the per-employee compensation tends to be lower. /2007/ The average per capita personal income in Arizona ranked 38th among the 50 states, at $30,267 in 2005. //2007///2009/ The median income of Arizona households in 2006 was $47,265. Seventy-nine percent of households received earnings and 19 percent received retirement income other than Social Security. Twenty-eight percent of the households received Social Security. The average income from Social Security was $14,582. //2009//

/2009/ Arizona is currently facing a billion-dollar shortfall in its $11 billion budget. This is coupled with the housing crisis, which has seen housing prices in Phoenix drop by double-digit percentages for the past two years. A sharp decline in construction jobs caused the record-low unemployment rate to spike by a full point, to 3.9 percent, from May to December 2007. Population growth has slowed by half in Arizona and retail and office development are also ebbing. In Maricopa County, there are about 13,000 homes in foreclosure, which is a six-fold increase over two years ago. The decline in residential activity is leading to downturns in retail and commercial construction as well. Many business people and economists do not expect things to pick up until the Phoenix-area works through its inventory of about 37,000 unsold homes, which could take three or four years. //2009/// ***/2010/ A critical aspect of the economy in Arizona was the real estate market. In late 2007 and early 2008 Arizona experienced tremendous decline in real estate market. According to Bureau of labor statistics unemployment rate in the State of Arizona almost doubled (4.2 in December 2007 to 8.2 in May of 2009). Unemployment rate in Apache (10%), Santa Cruz (10%) and Yuma (17%) counties was the highest in 2008 compared to rest of the counties in Arizona //2010//***

Based on the 2003 U.S. Census three-year average estimate of 2001-2003, 13.9 percent of Arizona's population earned incomes below the federal poverty line, while the national rate was 12.1 percent. In Arizona, 21 percent of children under the age of 18 years lived in poverty in 2003, relative to 17 percent children in the nation as a whole. Children continue to constitute a large proportion of the poor population (45 percent) while representing only 30 percent of the total population. In 2001, 26 percent of Arizona children lived in families in which no parent had full-time, year round employment, and 29 percent lived in families headed by a single parent. These families bear an increased risk for living in poverty. /2009/ In 2006, 14 percent of Arizonans were in poverty. Nineteen percent of related children under 18 were below the poverty level, compared with 8 percent of people 65 years old and over. Ten percent of all families and 27 percent of families with a female householder and no husband present had incomes below the poverty level. //2009// ***/2010/ The percent of Arizonans in poverty in 2007 did not change for all ages according Census estimates. However, as per Kaiser State Health Fact analysis Arizona ranked number 9 in regards to economic distress measured using foreclosure rates (AZ ranks 4th) , unemployment rates (AZ rank 33), and food stamps (AZ rank 8th). //2010//***

Hispanic and American Indian children were more likely to live in poverty than other racial and ethnic groups. A study recently released by the Harvard Project on American Indian Economic Development determined that American Indians, who are among the poorest minorities in the United States, made gains during the 1990s in income, educational attainment, housing, poverty

and unemployment, and Arizona tribes shared in those gains. The report cautioned that substantial gaps remain between American Indians and the rest of the United States.

HOMELESSNESS

In Arizona, "homeless" means the individual has no permanent place of residence where a lease or mortgage agreement exists. Determining the number of homeless individuals is a significant challenge because they are difficult to locate and/or identify. The best approximation is from an Urban Institute study, which states that about 3.5 million people nationwide, 1.35 million of them children, are likely to experience homelessness in a given year. Based on actual shelter and street accounts in 2004, approximately 22,000 people are homeless on any given day in Arizona. /2007/ Based on actual shelter and street accounts in 2005, there were approximately 20,000-30,000 homeless people on any given day in Arizona. //2007//***//2010/ According to Arizona's Department of Economic Security (AZDES) 7,776 persons were counted as sheltered homeless persons throughout Arizona, including only those in emergency and transitional facilities. One-third of sheltered homeless persons were children or unaccompanied youth. //2010//***

There are many factors that contribute to homelessness, including poverty, domestic violence, gender (the majority of homeless adults are males), substance abuse, mental illness, lack of affordable housing, decreases in public assistance, low wages and lack of affordable health care. Families, specifically women with children, are the fastest-growing subpopulation of people who are homeless. Twenty-seven percent of homeless women, children, and teens came from a domestic violence situation. In spite of an overall positive economic picture in the state, the large number of households earning less than a livable wage and a disproportionate rise in housing costs versus incomes points to increasing numbers of homeless persons.

EDUCATION

Arizona has more than 583 school districts, which includes 364 charter holders. Arizona's has 2,270 schools and the largest number of charter schools in the nation. According to the National Educational Association, Arizona per pupil spending is among the lowest in the nation. In a national study of reading proficiency, nearly half of Arizona's 4th graders (46 percent) read below proficiency, compared to 38 percent in the rest of the nation. /2009/ The total school enrollment in Arizona was 1.6 million in 2006. Nursery school and kindergarten enrollment was 173,000 and elementary or high school enrollment was 1.0 million children. College or graduate school enrollment was 404,000. //2009//

Among Arizona's population age 25 and older, 84 percent have graduated from high school, and 24 percent have a college degree, similar to the proportions of all United States residents. However, Arizona has one of the highest high-school dropout rates in the nation. During the 2003-2004 school year, the statewide dropout rate was 7.4 percent. For American Indians and Hispanic students, the dropout rates were even higher (12.4 percent and 10.1 percent, respectively). /2009/ In 2006, 84 percent of people 25 years and over had at least graduated from high school and 26 percent had a bachelor's degree or higher. Sixteen percent were dropouts; they were not enrolled in school and had not graduated from high school. //2009//

Arizona adopted high stakes testing requiring students to pass proficiency tests in reading, writing, and mathematics in order to earn a high school diploma. The Arizona Instrument to Measure Standards (AIMS) has been administered annually in recent years. Although passing the test has not yet been required to earn a high school diploma, students have been taking AIMS for purposes of evaluating school performance. High proportions of students across the state, and even higher proportions of minority students, have failed to meet AIMS standards for graduation. Implementation of the requirement to pass the AIMS before receiving a diploma was postponed in order to give schools time to align their curriculum to testing standards. The class of 2006 will be the first graduating class required to pass the test in order to graduate. In 2005,

legislation was passed to allow students to apply points towards their AIMS scores for some classes in which they earned As, Bs, or Cs./2007/The Arizona Department of Education is currently conducting a survey of all schools with graduating classes in 2006 to study the impact of the AIMS requirement on graduation rates. The study is expected to be completed in September, 2006.//2007// /2009/ In the Fall of 2007, 83 percent of Arizona high school students who took the AIMS test failed to meet state standards in Mathematics; 82 percent fell below standards in reading; and 73 percent failed to meet the standards in the subject of writing. //2009//

According to the Annie E. Casey Foundation Kids Count 2004 study, a disconnected youth is defined as a teen that is not in school or working. Currently, there are an estimated 3.8 million (15 percent) young adults nationally who are neither in school nor working. In Arizona, 12 percent of teens age 16 to 19 are not in school or working. Referred to as "disconnected youth," they lack the skills, support and education to make a successful transition to adulthood. This study determined that the most disconnected youth were the teens in foster care, youth involved in the juvenile justice system, teens that have children of their own, and those who have never finished high school. These subgroups were determined to need the most urgent attention. /2007/ During the 2004-2005 school year, the statewide dropout rate was 6.9 percent. For Hispanic and American Indians students, the dropout rates were even higher (10.2 percent and 8 percent, respectively). //2007//
/2009/ The 2006-07 school dropout rate for the state was 4.2 percent for all grades. Native American students had the highest dropout rate at 8.9 percent and Asian American students had the lowest dropout rate at 1.7 percent, followed by Whites with a rate of 2.8. African American students had a dropout rate identical to the state average (4.2) and Hispanic or Latino students had a slightly higher than average dropout rate (5.3). //2009//

JUVENILE DELINQUENCY

The proportion of violent crimes attributed to juveniles by law enforcement has declined in recent years, while drug and alcohol-related arrests have increased. Between 1993 and 2002, there were substantial declines in juvenile arrests for murder (64 percent), motor vehicle theft (50 percent), and weapons law violations (47 percent) and major increases in juvenile arrests for drug abuse violations (59 percent) and driving under the influence (46 percent). Fourteen percent of all arrests in Arizona were juveniles under age 18, compared to 16 percent nationally, and 71 percent of the arrests were male. Of the arrests of Arizona juveniles ages 8 through 17 in 2003, 16 percent of those offenses were larceny/theft. Runaways, drug violations, and assaults each make up 10 percent of the total number of juvenile offenses, and liquor law violations made up 9 percent of the total violations. /2007/ In 2004, 17% of all arrests in Arizona were juveniles under age 18, compared to 16% nationally, and 76% of the arrests were male. Of the arrests of Arizona juveniles ages 8 through 17 in 2004, 17 percent of those offenses were larceny/theft. Runaways, drug violations, liquor law violations, and assaults each make up 10% of the total number of juvenile offenses. //2007// /2009/ In FY 2007 the rate of referrals to Arizona's juvenile justice system declined to 5258 per 100,000 youth aged 8 to 17 years old. The majority of new offenses were related to property crimes (46.2%); 21 percent were for crimes against persons, 15.7% were for drug offenses and 10.8 percent were for public order offenses. As of 6/30/2007, 606 juveniles were in the custody of the Arizona Department of Juvenile Corrections (ADJC) in one of five secure-care facilities. An additional 476 juveniles were on parole. //2009//

HEALTH INSURANCE

Eighty-three percent of Arizona residents have some kind of health insurance, according to 2003 United States Census data. Many people have more than one kind of insurance: 64 percent of people have private insurance--either employment-based (55 percent) or direct purchase (9 percent); and 30 percent had some kind of government-sponsored insurance--such as Medicaid, (13 percent), Medicare (14 percent), or military health insurance (6 percent).

/2009/ Eighty-two percent of Arizona residents have some form of health care coverage,

according to CDC's Behavioral Health Risk Factor Surveillance System (2007). There are however major disparities in coverage between the different sexes, age groups and race/ethnicities. For example, 85.0 percent of females in Arizona have health insurance/coverage whereas only 78.7 percent of males are covered. 25-34 year olds have the lowest rate of coverage (72.4%) whereas the vast majority of elderly residents in Arizona are insured/covered (98.7%). And 90.8 percent of Whites in Arizona have some form of health coverage, but the same is true for only 57.1 percent of Hispanics. //2009//***//2010/ A review of Arizona Healthcare Dollars (In Billions) by Primary Market Segment, 2002--2010 by St. Luke's Health Initiative indicates that: a) the healthcare expenditures for the under-65 population are expected to more than double between 2002 and 2010 and these increases are a function of both population growth and medical inflation; b) the individual coverage market segment is projected to grow most rapidly due to lower coverage by employers; c) expenditures in the Medicaid and uninsured market segments reflect a similar trend as individuals previously covered through their employers may lose coverage, seek Medicaid coverage, or become uninsured. //2010//***

Ninety-three percent of all businesses in Arizona are small businesses with 50 or fewer employees. There are more than 100,000 small businesses in Arizona, and each year, small businesses add more workers to the workforce than large businesses. One of their top challenges is to offer competitive benefits. Only 28 percent of Arizona small businesses offer employer-sponsored health coverage, and cost is the primary barrier. For many Arizonans, healthcare remains unaffordable.

Recognizing the importance of affordable health care, the Healthcare Group was created in 1985 by the Arizona State Legislature with the support of the Robert Wood Johnson Foundation. It is a state-sponsored, guaranteed issue health insurance program for small businesses and public servants. AHCCCS, Arizona's Medicaid agency, oversees and administers the program, although it will receive no state subsidies after July of 2005. Over 4,000 businesses participate in Healthcare Group, covering more than 12,000 Arizona residents.

The very concept of health insurance must be redefined as it applies to American Indians, who are entitled to healthcare through treaties with the United States government. However, tribal members face significant barriers to accessing care, including provider shortages and sometimes a confusing array of barriers when accessing services.

MANAGED CARE

The health care delivery system and its financing has dramatically changed in the last 25 years, and managed care has played a dominant role in its evolution. Approximately 70 percent of the population in the United States under age 65 currently has private health insurance, the majority of which is managed care based, obtained through the workplace. Under the managed care umbrella, health maintenance organizations have become a major source of health care for beneficiaries of both employer-funded care and of the public funded programs, Medicaid and Medicare. 72 million people in the United States had health insurance through a health maintenance organization in 2003. Participation rapidly increased until hitting peak enrollment in 1999; however, it has dropped by 9 million enrollees by 2003.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Arizona was the last state in the nation to implement a Title XIX Medicaid program. After much debate, the legislature rejected traditional fee-for-service financing arrangements in favor of an innovative plan for Medicaid managed care. In October 1982, the nation's first Section 1115 demonstration waiver for a statewide Medicaid managed care program was approved and the Arizona Health Care Cost Containment System (AHCCCS) was created. AHCCCS is a prepaid managed care Medicaid program that has become a national model.

From the beginning the AHCCCS program was envisioned as a partnership, which would use private and public managed health care health plans to mainstream Medicaid recipients into private physician offices. This arrangement opened the private physician network to Medicaid recipients and allowed AHCCCS members to choose a health plan and a primary care provider who can be a physician, nurse practitioner or physician assistant. Primary care providers manage all aspects of medical care for members. There are a limited number of plans available in the rural areas, making fewer choices available to rural beneficiaries.

Fully medically necessary health care services are covered for individuals who qualify for Medicaid, including comprehensive dental coverage for children under the age of 21 and emergency dental care (extractions) for adults 21 years of age and older. For individuals who qualify for the Federal Emergency Service (FES) and State Emergency Services (SES) programs, AHCCCS health care coverage includes only emergency services.

In 1998, KidsCare became Arizona's Title XXI Children's Health Insurance Program (CHIP). It is a federal and state program administered by AHCCCS to provide health care services for children under the age of 19 living in families with a gross income at or below 200 percent of the Federal Poverty Level (FPL). Since KidsCare began, enrollments have steadily risen. The outreach efforts undertaken to identify children eligible for KidsCare have also resulted in identifying additional children who are eligible for Medicaid. The KidsCare application is short, clear, and relatively easy to use, and allows people to apply for health care coverage without having to go through the longer and more detailed application process that is needed for Temporary Assistance for Needy Families (TANF) cash assistance, food stamps, and other family assistance programs.

The passing of Proposition 204 in 2001 expanded eligibility from 34 percent of the federal poverty level to 100 percent. Expanded eligibility, together with Arizona's growing population, increased enrollment in AHCCCS and KidsCare more than 40 percent--from 411,152 enrollees in federal fiscal year 2001 to 579,640 enrollees in federal fiscal year 2003. By May 2005, enrollment in KidsCare increased from 3,710 in December 1998 to 50,682 and AHCCCS was providing health care coverage to 1,054,558 eligible members, approximately 18 percent of Arizona's population.

The state budget passed in 2003 directed AHCCCS to increase the premiums paid by families with children enrolled in KidsCare. The new premiums are based on a sliding scale depending on family income and number of children. Before July of 2003, the scale ranged from $0 to $20, depending on income. As of July 2004, the premiums increased to a range of $10 to $35. /2007/ By March 2006, enrollment in KidsCare increased from 3,710 in December 1998 to 55,998 and AHCCCS was providing health care coverage to 1,039,433 eligible members, approximately 17% of Arizona's population. With the introduction of premium increases for KidsCare, enrollment dropped by 16.4% in the 6 months following the increase, while the SOBRA kids program (AHCCCS) reported an increase in enrollment by 18.8%, indicating that some children who did not enroll in KidsCare or dropped may have enrolled in Medicaid instead. //2007//***/2010/ Dramatic shifts in AHCCCS population indicate the volatility of Arizona's Medicaid. From June 2008 to June 200-9 there was a dramatic decrease (-19%) in KidsCare enrollment and AHCCCS for Parents (-3%) even though the AHCCCS population increased from 1,110,377 to 1,255,363 a 13 percent increase. //2010//***

GENERAL AND SPECIAL HOSPITALS

According to the Arizona Department of Health Services Division of Licensing Services, there were 59 general acute care hospitals in the State of Arizona in 2004, with 11,235 beds and 25 specialty hospitals with 1,790 beds. There are two children's hospitals, both of which are located in the Phoenix metropolitan area. The state overall has 1.9 inpatient beds per 1,000 population, one-third fewer beds per population than the national average of 2.8 per 1,000. According to the United States Department of Health and Human Services, Arizona ranks 45 in the number of hospital beds per 100,000 population. ***/2010/ The number of hospitals have grown since 2004.***

In 2009 there were 124 general acute care hospitals in Arizona of which 65 are short term, 15 are critical access, 10 long term, 9 psychiatric, 7 rehabilitation, 5 transplant, 2 children's hospitals and remainder unclassifiable. //2010//

PROFESSIONAL HEALTH CARE PROVIDERS

Arizona has 12,121 physicians, representing 208 doctors per 100,000 residents. Although the number of doctors practicing medicine in Arizona has grown faster than the population, the physician-to-population ratio in Arizona remains far below the national average of 283. Eighty-six percent of physicians practice in either Maricopa or Pima County, and the physician-to-population ratios range from a high of 277 in Pima County per 100,000 to a low of 48 per 100,000 in Apache County. Arizona has 606 registered nurses per 100,000 population, compared to 784 nationally, and ranks 48 in the number of employed registered nurses per capita.

Federal regulations establish health professional shortage areas based on three criteria: the area must be rational for the delivery of health services, more than 3,500 people per physician or 3,000 people per physician if the area has high need, and healthcare resources in surrounding areas must be unavailable because of distance, over-utilization, or access barriers.

Since 2000, there has been a 25 percent increase in the number of federally designated health professional shortage areas in Arizona. There are 60 areas that are federally designated shortage areas in Arizona. Twelve of these areas are considered frontier, 35 are non-metropolitan, and 13 are in metropolitan areas.

Arizona has developed its own designation system for identifying under-served areas. All federally designated shortage areas are automatically designated as Arizona shortage areas. In addition, Arizona's system involves the application of an index which weights 14 indicators such as providers to population ratios, travel time, percent of population below poverty and adequacy of prenatal care. There are 13 state designated Arizona medically under-served Areas. A recent survey of State Title V Directors on pediatric provider capacity for children with special health care needs pointed out network concerns specific to CSHCN. The most commonly identified significant access barrier in this survey was the uneven distribution of pediatric providers.

Arizona has only one state medical school and a college of Osteopathic Medicine. As a result, Arizona trains fewer of its own providers than do most other states and many Arizona medical graduates leave to practice in other parts of the country. Arizona also has a higher percentage of older physicians than the national average, and more physicians are retiring earlier as well. These factors all affect Arizona's ability to develop and maintain an adequate provider network.

The American Academy of Pediatrics recommends one pediatrician per 10,000 people. Of the 14 counties in Arizona that have a population of at least 10,000, only Coconino, Maricopa and Pima Counties meet this recommendation and 107 of the state's 109 pediatric specialists all practice in these same three counties. The other two specialists practice in Yuma County.

According to the National Center for Vital Statistics, the percentage of midwife-attended births has gradually increased from 1 percent in 1975, to 8 percent in 2002. Arizona reached a high of 10 percent of births being attended by a midwife in 1997. However, since 1997 there has been a gradual decrease in the percentage of midwife- attended births to 7 percent in 2003. However, nearly one in three American Indian births continue to be attended by midwives. As reported by the Arizona Department of Health Services Licensing Division, as of April 2005, there were a total of 34 licensed midwives, and 150 certified nurse midwives.

Although midwifery is a recognized alternative to the medical model of prenatal care, it is faced with a number of challenges. Hospitals that admit women and babies who received midwifery services use the same protocols as if the women had not received any prenatal care and most insurance plans do not cover midwifery services. AHCCCS rules allow coverage for midwife

services and most of the AHCCCS-contracted health plans contract with them.

PERINATAL SYSTEM

Arizona is the home of a unique perinatal regional system. Voluntary participation by the Arizona Department of Health Services, AHCCCS, the Arizona Perinatal Trust, private physicians, hospitals and transport providers result in a statewide comprehensive system that is considered a model nationally.

The Arizona Perinatal Trust endorses a voluntary program that certifies levels of perinatal care provided at hospitals throughout Arizona. Level I perinatal care centers provide services for low risk obstetrical patients and newborns, including caesarean deliveries. Level II facilities provide services for low risk obstetrical patients and newborns, plus selected high-risk maternity and complicated newborn patients. Level II EQ facilities provide expanded services of level II perinatal care centers for defined maternal and neonatal problems through a process of enhanced qualifications. Level III centers provide all levels of perinatal care and treatment or referral of all perinatal and neonatal patients.

The perinatal system reduces neonatal mortality by transporting critically ill newborns from rural hospitals to urban intensive care centers that are equipped to provide higher levels of nursing and medical care during acute phases of illness. Neonatologists provide 24-hour consultation and medical direction for transport, and the Arizona Department of Health Services Newborn Intensive Care Program serves as payer of last resort for families with no insurance for care delivered at Arizona Perinatal Trust certified facilities. The regional system has expanded and changed over the years. Currently services are available to all Arizona residents from the first identification of a high risk condition in pregnancy through post discharge and until the child is three years old.

ORAL HEALTH

Arizona has 15 counties that have been subdivided into 94 Dental Care Areas, which are geographic areas defined by the state of Arizona based on aggregates of census tracts. These Dental Care Areas are considered rational service areas for dental care by the State and are used for Federal Dental Health Professions Shortage Area designations. Thirty of the 94 areas are designated by the federal government as Dental Health Professional Shortage Areas. An area may also be designated as a "vulnerable population" if it is in the top quartile of any of the following: percent of the population less than 200% of the federal poverty level, percent of population that is Hispanic, or percent of the population that is American Indian.

The Center for California Health Workforce studies at the University of California, San Francisco in collaboration with the Arizona Department of Health Services Bureau of Health Systems Development analyzed dental workforce data on the distribution of dental providers and the availability of dental care services in Arizona. The project focused on profiling the statewide distribution of dental services in order to inform oral health policy in Arizona. Data were collected by the Arizona Department of Health Services Office of Oral Health through a statewide telephone survey of dentists licensed and practicing in Arizona during the months of July 2000 through September 2001.

According to the survey, 58 percent of dental practices had at least one staff member that could translate for non-English speaking patients, while 63 percent said that they had patients who needed that service. Among office staff who could translate, 80 percent spoke Spanish, and a total of 28 different languages were spoken. Vulnerable populations were more likely to need translation services and were less able to meet the need. While 5 percent of practices overall said that their staff were rarely or never able to meet translation needs, 12 percent of practices in high Hispanic areas rarely or never met the need.

From 2000 to 2004, there was a net increase of 590 dentists and 999 dental hygienists licensed

in Arizona. By September 30, 2004, 2,854 dentists and 2,439 dental hygienists had a license and address in Arizona. In 2003 the Governor signed a bill into law that creates a new opportunity for dentists and dental hygienists to expand the traditional walls of a dental practice through the creation of an affiliated practice relationship, expanding the scope of practice for dental assistants. Through an affiliated practice relationship, hygienists can provide preventive oral health services (e.g., fluoride, cleanings, sealants) to children in a variety of community-based health and educational settings without a prior examination by a dentist. It allows underserved children access to preventive services at an earlier age in a convenient setting, such as a Head Start Program or a school. It also provides an opportunity for early referral to dental services.

In 2004, legislation was passed to allow licensure by credentials, which provides a method for dentists and dental hygienists licensed in other states to receive an Arizona license without a clinical examination. Although it is expected that this change will increase the number of licensed dental professionals in the state, the impact on access to care in underserved areas is yet to be realized.

In 2003, the Arizona School of Dentistry and Oral Health opened its doors in Mesa to 54 dental students as Arizona's first dental school. Students will earn the Doctor of Dental Medicine degree and a Certificate in Public Health Management. The school specifically recruits students to work in rural and underserved dental areas. In 2004, Mohave Community College in Bullhead City accepted 18 students into its new Dental Hygiene Program. Students will provide preventive therapies to this rural community as part of their educational experience. Two colleges in Maricopa County are pursuing accreditation for dental hygiene programs.

BEHAVIORAL HEALTH

The Arizona Department of Health Services Division of Behavioral Health Services has reorganized permanent statutory authority to operate the state's behavioral health system, including planning, administration, and regulation and monitoring of all facets of the state behavioral health system. The division's focus is to promote healthy development and to provide effective prevention, evaluation, treatment, and intervention services to people in need who would otherwise go unserved.

Behavioral health services are delivered through community-based and tribal contractors, known as Regional Behavioral Health Authorities (RBHAs). Contractors are private organizations that function in a similar fashion to a health maintenance organization, managing networks of providers to deliver a full range of behavioral health care supports and services.

At this time there are six active Regional Behavioral Health Authorities: one serving northern Arizona, one serving Yuma, La Paz, Gila, and Pinal Counties, one serving Maricopa County, one serving Graham, Greenlee, Cochise, Santa Cruz, and Pima Counties, one serving the Gila River Indian Community, and one serving the Pascua Yaqui tribe. In addition to other state and federal funds, clinics receive funds from Title XIX and Title XXI. The Division of Behavioral Health Services also has Intergovernmental Agreements with two additional American Indian Tribes to deliver behavioral health services to persons living on the reservation. These tribes are the Colorado River Indian Tribe and Navajo Nation.

The Division of Behavioral Health Services' strategic plan recognizes that the promotion of mental health in infants and toddlers is key to the prevention and mitigation of mental disorders throughout the lifespan. With the involvement of Tribal and Regional Behavioral Health Authorities (T/RBHAs), other child-serving agencies, specialists in infant mental health, and parent advocates, a uniform new approach to assessments and service planning has been developed and will be implemented across Arizona effective October 1, 2005.

The ADHS Birth to Five assessment and service planning process differs from the system's strength-based assessment process for all other persons in two ways: first, it focuses not on any

particular attribute of a child, but on the context of the child's life, seeing the child as a product of the environment in which he/she is immersed. Second, service plans must be written to support and reinforce normalized child development; to promote and reinforce health-promoting parenting and child rearing skills; to enhance child/parent attachment and bonding; and to reduce the long-term effects of any trauma. In regards to infants and toddlers, then, behavioral health interventions will include preventive as well as corrective measures, and like the assessment, will target the family, as well as the individual.

ARIZONA IMMUNIZATION PROGRAM

The Arizona Department of Health Services Arizona Immunization Program provides funding, vaccines, and training support to public immunization clinics and private providers throughout Arizona. The program works to increase public awareness by providing educational materials to county health departments and community health centers and through partnerships with local and statewide coalitions. The program monitors immunization levels of children in Arizona, performs disease surveillance and outbreak control, provides information and education, and enforces the state's immunization laws. The Arizona State Immunization Information System collects, stores, analyzes and reports immunization data through a central registry maintained at the Department of Health Services.

In 1992 the Arizona Department of Health Services founded the Arizona Partnership for Infant Immunization (TAPI) as part of Arizona's federal Immunization Action Plan. TAPI is a non-profit statewide coalition of more than 400 members. TAPI was formed in response to the alarming fact that in 1993, only 43% of Arizona's two-year-olds were fully immunized against preventable childhood diseases like measles, mumps, polio and whooping cough. Through the efforts of TAPI's partners from public and private sectors, immunization coverage rates in Arizona have dramatically improved, with more than three in four children fully immunized by age two. The goal of TAPI is to deliver age appropriate immunizations by the year 2010 to at least 90 percent of Arizona's two-year-old children before their second birthday and to encourage appropriate immunizations through the lifespan.

MEDICAL HOME PROJECT

The Medical Home Project, administered through the Arizona chapter of the American Academy of Pediatrics, was designed to increase access to and utilization of primary care services for Arizona's uninsured children from low-income families. The Medical Home Project provides delivery of medical services in participating physicians' offices to children without health insurance and to those who do not qualify (or are in the process of qualifying) for public assistance. The Medical Home Project creates a system of linkages between medical providers and school nurses to assist with health care provision to the target population. School nurses identify children who are eligible to participate in the Medical Home Project and facilitate their enrollment. To be eligible for the Medical Home Project a child must have no health insurance; must not be eligible for AHCCCS, KidsCare, or Indian Health Services; and must have a household income less than 185 percent of the federal poverty level. For children who appear to be eligible for AHCCCS or KidsCare, the school nurse is encouraged to identify resources to assist families with the application process. A child with an acute illness may be seen through the Medical Home Project while in the qualifying process. The child is provided with a referral form to a participating health care provider and the school nurse makes the appointment.

A network of physicians (pediatricians, family practice physicians and specialists) provides care to children qualifying for the Medical Home Project for a fee of either $5 or $10 as payment-in-full for an office visit. The health care providers agree to provide a certain number of appointment slots to Medical Home Project children each month. Development of the provider network has been an ongoing effort since the beginning of the project in 1993. In addition, prescription medications, diagnostic laboratory services, and eyeglasses are provided as necessary to qualifying children.

Funding for the Medical Home Project has been provided by a number of entities. The Arizona Department of Health Services Office of Women's and Children's Health has had a contract with the Arizona chapter of the American Academy of Pediatrics since 1993 to fund the project management. Other sources of funds include the Robert Wood Johnson Foundation, St. Luke's Charitable Health Trust, Arizona Diamondbacks Charities, Diamond Foundation, as well as many others. In addition to the primary care providers, a variety of specialist providers (e.g. cardiology, dermatology, ears nose throat, orthopedics, pulmonology) have donated their services to children in need of care.

The Medical Home Project is currently operating in seven Arizona counties involving school nurses from 834 schools (representing 61 school districts). The primary care provider network consists of 20 pediatric group practices, 38 individual pediatricians, 6 family practice groups, and an additional 17 individual family practitioners.

COMMUNITY HEALTH CENTERS

Community health centers were established in the 1960s by federal law to treat and provide primary care to all patients regardless of their ability to pay. The Arizona Association of Community Health Centers reports that their membership includes 35 community health centers with more than 100 satellite locations statewide, serving more than 400,000 people in 2002. The Association represents health centers statewide and provides advocacy, professional education programs, financial services, and programs for health centers to improve and ensure clinical excellence. /2007/ 14 of the 35 centers are Federally Qualified Health Centers (FQHC's). In 2005 the FQHC's served 295,966 patients and logged 1,130,149 patient visits. It is estimated that in 2005 patient load and patient visits increased 40 to 60% in the remaining clinics. Eleven of the clinics are tribal or serve significant populations of Indian people. //2007//

SCHOOL-BASED HEALTH CENTERS

There were 100 school-based or school-linked health care clinics in Arizona, delivering more than 45,000 medical visits to over 14,000 children during the 2002-2003 school year. Most of the children served had no health insurance (79 percent). Thirty-five percent of the centers operate in rural areas, and six operate on tribal lands. These clinics offer access to health care in communities where there is a significant provider shortage and transportation to health care services may be problematic.

School-based and school-linked health centers allow students to have immediate access to health care providers for problems ranging from minor aches and scrapes to acute illnesses. They are staffed with nurse practitioners and physician assistants who work closely with a medical director. For many students, these centers are the only source of medical care.

Most school-based clinics are affiliated with a hospital-based outpatient department that provides on-call services and after-hours coverage when the school-based clinic is closed. This configuration not only offers a location for the child to go at times when the school clinic is not open, but the affiliated location is also available as a medical home for all family members. All of the clinics encourage parental involvement and parental consent is required before any services are provided. The clinics support the philosophy of the parent participating as a partner in the decision making process.

OTHER PROJECTS TO INCREASE ACCESS TO CARE

Health-e-Arizona is a web-based electronic screening and application process for public health insurance. It was initiated by El Rio Community Health Center in Pima County and piloted there beginning in June 2002. It is now used in most federally designated community health centers throughout Arizona as well as in several hospitals. Since its inception, 32,000 people have submitted electronic applications for processing by AHCCCS. The electronic application has

many advantages over the paper application. The electronic version requires full and complete information before the application could be submitted, resulting in more complete and accurate applications. As a result, the approval rate of electronic applications is much higher. The electronic application process automatically screens for eligibility for a number of programs thus helping to link patients with health care coverage; a total of 95 percent of those seeking health care coverage through Health-e-Arizona have been linked to some health program.

Another community-based program, the Pima County Access Project (P-CAP) and Healthcare Connect in Maricopa County are offering discounted health care to those not eligible for public health insurance and unable to afford commercial insurance products. With federal grant funding, the project recruited the participation of medical providers who are willing to charge discounted rates to enrolled patients. P-CAP has 8,000 patients enrolled and Maricopa County Healthcare Connect began enrolling patients in June 2004.

TELEMEDICINE

Telemedicine is the practice of medicine using a telecommunication system to provide clinical services at a geographically separate site. Service can be delivered "real-time" using interactive video conferencing or through "store and forward" which relies on the transmission of images for review immediately or at a later time.

The University of Arizona Telemedicine Program is a statewide program intended to increase access to healthcare to all residents in Arizona using telemedicine technologies. The use of telemedicine reduces the need for rural patients and their families to travel to urban centers for health services as well as enhances the rural health infrastructure. The program's telecommunications network spans the entire state and serves as a hub for linking all of the telemedicine networks in Arizona. Arizona's telemedicine network serves three functions: health care delivery, education and training, and videoconferencing administrative meetings.

CULTURAL COMPETENCE

As racial and ethnic disparities in health outcomes and access to care persist, there has been much interest in the concept of cultural competence. A recent study evaluated states not on disparities in health outcomes, but on their efforts, leadership, capacity, and infrastructure that would be sensitive to direct policy intervention to create state minority health policy report cards. Four measures were defined: insurance coverage disparity, diversity ratio, offices of minority health, and number of race/ethnicity vital statistics categories (Amal N. Trivedi, et al. "Creating a State Minority Health Policy Report Card." Health Affairs 24.2 (March/April 2005): 388-396).

Since insurance coverage among people whose incomes fell below 200 percent of the federal poverty level is correlated with state Medicaid policy, the authors used data from the 2001 and 2002 Current Population Surveys to find the states' low-income populations. By dividing the state's percentage of low-income non-elderly minorities by its percentage of low-income non-elderly whites, they calculated the insurance ratio. The insurance gap is the relative risk of uninsurance for minorities compared to whites among non-elderly poor, with low scores representing lower relative risk levels for minorities. Arizona's insurance gap was 1.52, meaning that minorities in Arizona were 52 percent more likely to be uninsured than whites. Delaware had the lowest insurance gap, at 0.74, and Idaho had the highest gap, at 2.13.

The diversity ratio is a measure of the degree to which the demographic composition of a state's physicians matches the demographic composition of the state as a whole. The ratio is calculated by first dividing the total state minority population by the number of minority physicians in the state. This number is then divided by the ratio of the total state white population to the number of white physicians in the state. The diversity ratio is the factor by which underrepresented minority physicians must be increased to reach population parity with whites. Arizona scored a 5.70 on this measure. The state with the best ratio was Maine, with a score of 0.94. Illinois was worst, at

11.53.

The office of minority health measure is a simple yes or no field. At the time of the analysis, Arizona had discontinued its office. There were 27 states with minority health offices. Since the time of the study, a Center for Minority Health in the Office of Health Systems Development was reestablished.

The number of race/ethnicity vital statistics categories measures how precisely states record race/ethnicity. For example, a state with two categories may break it down by "white/other" or "black/white," while a state with three may say "black/white/other." Arizona tied with 16 other states that used 5 categories. Three states only used one category.

The Center for Minority Health is currently conducting its own infrastructure assessment within the Arizona Department of Health Services to determine minority health resources existing within the agency, examine the capacity of the agency to identify and address health disparities and barriers to access to care among minority groups and vulnerable populations, and to establish an inventory and directory of minority health resources. /2007/ In fall of 2006, OWCH will be conducting a nursing satisfaction survey of the High Risk Perinatal Program clients which will ask a series of questions including if the community health nurse the client saw was aware of their family's values and beliefs, and if the nurse cared about and was sensitive to those beliefs. The OWCH developed and is implementing a new office policy and procedure on utilizing community advisors in programs. Advisors are recruited and paid for a variety of tasks such as assisting in developing programs, evaluations, request for proposals, and providing input on improvements to program grant applications and priority-setting. Community advisors will enhance cultural competence in programs by providing insight from the respective communities. The Center for Minority Health is initiating training on Culturally and Linguistically Appropriate Services (CLAS) with ADHS programs and contractor staff. //2007// /2009/ The Director of ADHS hired the Department's first cultural competency advisor. All BWCH program managers attended training on CLAS. The Department will be requiring all new employees to attend CLAS training. The Center for Health Disparities features "brown bag sessions" highlighting different cultures and their health issues and beliefs. //2009//

/2008/Critical Udates

In 2006, Arizona passed "First Things First", a ballot initiative that funds a voluntary system of early care and education. The mission of the initiative is to increase the quality of, and access to, early childhood programs that will ensure a child entering school the first time comes healthy and ready to be successful. This mission will principally be achieved through regional grants tailored to the specific needs and characteristics of the communities the region serves, and with a focus on demonstrating how improved outcomes will be attained given the challenges the region faces.

In November of 2006 the voters of Arizona passed Proposition 201, The Smoke-Free Arizona Act. The new law became effective May 1, 2007 and prohibits smoking in most indoor public places including restaurants, bars, gaming facilities, bowling centers, public buildings, grocery stores or any food service establishment , lobbies, elevators, restrooms, reception areas, hallways and any other common-use areas in public and private buildings, condominiums and other multiple-unit residential facilities, indoor sports arenas, gymnasiums and auditoriums, health care facilities, hospitals, health care clinics, doctor's offices and child day care facilities, common areas in hotels and motels, and no less than 50% of hotel or motel sleeping quarters rented to guests.//2008//

B. Agency Capacity

The capacity of the state Title V agency to meet all of the needs of the Title V population is limited by both financial and programmatic restrictions. The Office of Women's and Children's Health (OWCH) provides services and facilitates systems development to improve the health of all

women of childbearing age, infants, children, and adolescents. OWCH funds programs based upon various criteria of need (financial, risk factors, health status, etc.).

The Office of Children with Special Health Care Needs (OCSHCN) has policy and program development responsibilities for children to age 21 who have any one of a broad range of disabilities or chronic illnesses diagnosed at any time during childhood, including the prenatal period.

The Core Public Health Pyramid is used as a model for program planning and evaluation. This is accomplished by use of needs assessment, technical assistance, and coalition building. Arizona's MCH programs have components in each level of the Core Public Health Services Pyramid. Program capacity is described below for each level of the pyramid.

OWCH DIRECT HEALTH CARE SERVICES

The High Risk Perinatal Program provides direct health care services in two of its three components: the maternal ***/2010/ and neonatal //2010//***transport component authorizes and funds the transport of high risk pregnant women ***/2010/ or critically ill neonates //2010//***to appropriate medical centers for delivery ***/2010/ or care //2010//*** and the community nursing component provides in-home nursing consultation to enrolled families. /2007/ Hospital and Inpatient Physician Services has contracts with physician groups to provide care to infants in the Newborn Intensive Care Unit. Developmental Follow-up Service provides developmental assessments after discharge//2007//. ***/2010/ Due to substantial budget reductions in state fiscal year 09, the developmental component of the program was eliminated; changes were made to eligibility; and payments to providers were reduced; and community nursing visits were reduced. //2010//***

The Reproductive Health/Family Planning Program contracts with county health departments to provide education, counseling, referral, and medical care services to women of childbearing age. The Domestic Violence Program provides shelter services and counseling to victims of domestic violence and their children. The Health Start Program provides in-home prenatal outreach services through lay health workers to at-risk women.

OCSHCN DIRECT HEALTH CARE SERVICES

Children's Rehabilitative Services (CRS). The Arizona Department of Health Service (ADHS), Office for Children with Special Health Care Needs (OCSHCN) transitioned from direct service delivery to administrative oversight of the Children's Rehabilitative Services network of contracted providers in 1985. CRS provides medical treatment, rehabilitation, and related support services to Arizona children, birth to 21 years of age, who have certain medical, handicapping, or potentially handicapping conditions. The objective of CRS is to assure the highest quality comprehensive care through a family-centered, multi-specialty, interdisciplinary team approach in a cost-effective managed care setting. CRS provides these services through four regional Centers of Excellence; each with its own hospital and physician support. In addition to the four regional sites, services are provided through outreach clinics throughout the state. The outreach clinics are designed to provide a limited specific set of services including evaluation, monitoring, and treatments in settings closer to a family's home. The OCSHCN monitors the service delivery system, ensures contractual compliance, initiates quality improvement activities, and provides education, support, and technical consultation.

High Risk Community Nursing. Through contracts with private agencies and county public health departments, public health nurses provided follow-up nursing services to children with special health care needs and infants discharged from newborn intensive care units. This program served approximately***/2010/ 5,000 //2010//*** families each year.

OCSHCN provides Community Home Nursing services to assist families who have children/youth

who are medically fragile or are at risk for developmental delays. Specially trained community health nurses are available throughout the state to support the family during a transition from hospital to home, to conduct developmental, physical, and environmental assessments and referral to appropriate community resources. The community health nurse provides support, education, and guidance to family as they develop plans for their child's ongoing care.

/2010/In June 2008 Arizona Physicians IPA was awarded a contract to manage the CRS Program. OCSHCN continues as program administrator/2010//

OCSHCN ENABLING SERVICES

Service Coordination. The OCSHCN provides service coordination for Arizona families with children, birth to three years of age, who are eligible for the Arizona Early Intervention Program (AzEIP) and for children/youth with chronic medical problems, developmental delays, or traumatic brain injuries. Service coordination is an enabling function that assists families to access needed services and work toward independence. Through the program, families and community-based providers develop and implement an Individualized Family Service Plan, a Family Service Plan, or an Individualized Service Plan. Program objectives include having families: acquire knowledge and skills to support the development of their child with special needs; communicate and coordinate all services among providers, emphasizing the team approach; and identify their concerns, priorities, and resources.

AzEIP is a collaborative program of the Department of Economic Security, Arizona Health Care Cost Containment System (AHCCCS), Department of Health Services (ADHS), Department of Education, and Arizona Schools for the Deaf and Blind (ASDB). The ADHS' Office for Children with Special Health Care Needs provides developmental screening and referral services to Arizona infants/toddlers, birth to three years of age, who are exhibiting developmental delays and who may benefit from early intervention./2009/AzEIP moved to the Arizona Department of Economic Security. OCSHCN will continue involvement as a liaison to provide input regarding CYSHCN.//2009//

Traumatic Brain Injury Program. Children and teenagers with traumatic brain injuries (TBI), their families, and professionals are provided an array of coordination services to assist in: the determination of priorities and the creation of the Individualized Service Plan; assessment of resources and needs; identification of other/additional resources; navigation of the multiple service delivery systems; completing forms and applications for services; locating service providers; coordination of services; and supporting the child/family in the Individual Education Plan (IEP) process. Also, as needed, TBI Program service coordinators can advocate for the child/family with providers, services, school and insurance; provide continuity as child moves through stages of recovery and other aspects of service delivery; and assist in transitions (from hospital/rehabilitation/home/school). Additionally, the program provides community education and awareness of TBI and its effects.

/2010/The relationship between OCSHCN and the Governor's Council for TBI/SCI has changed from service delivery to providing technical assistance on transition to adult services and providing information about resources and accessing services for CYSHCN//2010//

OWCH ENABLING SERVICES

Enabling services such as outreach, health education, family support services, coordination with Medicaid, and case management are provided through numerous OWCH programs. The Health Start Program is a neighborhood outreach program that works with women who are pregnant, or think they may be pregnant, and their families to help them improve their health and the health of

their families.

The Children's Information Center Hotline and the Pregnancy and Breastfeeding Hotline make referrals to AHCCCS, KidsCare, and other community health resources. The Pregnancy and Breastfeeding Hotline serves as the referral source for the Baby Arizona Project that links callers with prenatal care services. The AZAAP Medical Home Project, helps uninsured and underinsured children to find a medical home by linking with a primary care provider.

Community Health Services contracts for community-based efforts addressing specific performance measures related to women and children. Contractors provide a variety of services. One contractor implemented a program to provide health education and activities addressing smoking, physical activity, stress reduction, and proper nutrition for adolescents. Another contractor is targeting efforts directed toward women who are low-income, have a limited education and women of color. They are providing a program that addresses healthy weight management, nutrition, physical activity, stress management, and smoking cessation. Many of the contractors are also focusing on injury prevention by providing child safety seats and bicycle helmets, conducting car safety seat inspections, training in the proper use of car seats, educating pregnant women regarding proper seat belt use, and training car passenger safety technicians. /2007/ The County Prenatal Block Grant (CPBG) funds all 15 County Health Departments to develop programs to encourage entry into early prenatal care. Activities include pregnancy testing, childbirth education, support programs for dads, and health education. //2007// ***/2010/ The County Prenatal Block Grant was suspended at the end of the third quarter of the state fiscal year due to state budget reductions. //2010//***

/2008/The Pregnancy Services Program is a new initiative that was established by the 2006 State Legislature to provide individual grants to non-profit agencies whose primary function is to assist pregnant women seeking alternatives to abortion. The goal of the program is to provide funding for medically accurate services and programs related to pregnancy. The priority service areas focus on positive public health activities for pregnant women and their children. In 2007, 13 contractors were funded to provide one or more of the following pregnancy related services: options counseling; prenatal vitamins; education on folic acid, prenatal care, breastfeeding, infant/child care and development, childhood immunization schedule and the importance of age appropriate immunizations; parenting skills training; and preconception care education and support.//2008//

/2009/ The Pregnancy Services Program was eliminated as a result of budget cuts in the FY09 state budget. //2009//

OWCH POPULATION-BASED SERVICES

The Newborn Screening Program screens for all newborns for eight conditions prior to hospital discharge. Screening results for all children are reported to the child's physician of record. Follow up is provided to ensure that second screenings are conducted. The Newborn Hearing Screening Program provides hearing screenings of newborns prior to hospital discharge and provides technical assistance, data collection, and collaboration to provide screening equipment to Arizona hospitals. The Sensory Program facilitates the implementation of hearing and vision screenings in Arizona schools. Schools submit hearing and vision results to the Sensory Program. /2007/ Legislation was enacted to expand screens to 29 conditions and to require reporting initial and subsequent hearing tests performed on a newborn. //2007//

/2008/As a result of state legislation passed in 2006, the Bureau of Women's and Children's Health developed and is distributing educational pamphlets on cord blood banking. Cord blood banking is a relatively new procedure that can save lives, and is completely safe for babies and mothers. It provides a unique biological safeguard, which can come in handy later in life. The pamphlets include information such as banking options, how cord blood is collected, and the costs, benefits, and risks of storing and donating cord blood.//2008//

/2009/ As a result of state legislation passed in 2008, the NBS program will be moved into the ADHS State Laboratory so that all components of NBS are centralized under one authority. //2009//

/2010/ The Sexual Violence Prevention and Education Program reaches nearly 28,000 Arizonans per year with primary prevention education. The program has worked with multiple stakeholders to develop the first state plan specific to prevention of sexual violence. The program develops multi-faceted, evidence and theory based activities and/or strategies; addresses change at multiple levels; and focuses on multiple life stages; child, adolescent, and adult. //2010//

OCSHCN POPULATION-BASED SERVICES

Sickle Cell Anemia Program. Statewide screening, referral, and genetic education are provided to infants, children, adults/couples with ancestry from the "world wide malaria belt," (i.e., Africa, Italy, Greece, Spain, India, Pakistan, Mexico, South America, and countries of the Middle East, Asia, Southeast Asia, and the Caribbean) who carry the sickle cell gene. Program goals are: early diagnosis and treatment; education to enable persons with sickle cell disease or trait to make informed decisions regarding child bearing; provision of guidelines and protocols to physicians; and public education about the economic and social impact of sickle cell disease./2009/The Sickle Cell Program was integrated into BWCH Newborn Screening(NBS)to facilitate coordination between Sickle Cell and other conditions identified by NBS.//2009//

/2010/TheSickle Cell Program returned to OCSHCN in September 2008//2010//

OWCH INFRASTRUCTURE-BUILDING SERVICES

OWCH facilitates infrastructure development through coalition building to enhance service delivery and addresses issues of the Title V population. The Governor's Commission on the Health Status of Women was established in October 2000 as the result of collaboration between the Arizona Department of Health Services Office of Women's and Children's Health and the Governor's Office. Over the past five years, the commission has brought together public and private parties concerned with women's health to promote women's health activities, educate the public and establish policy that supports women's health. This year, the commission presented their recommendations to the Governor which focused on four areas: 1) increasing access to health care for women, 2) improving health care response and raising awareness about health risks for women, 3) reproductive health and family planning: access to services and 4) prenatal care. ***/2010/ The Governor's Commission on Women's and Children's Health was re-established in September 2008. The Commission developed an action plan targeting the area of obesity prevention among children and families. The Governor's Office staffs the Commission with the support of Title V funding through the Bureau of Women's and Children's Health. //2010//***

Other examples of OWCH coalition building efforts include: the Adolescent Health Coalition that addresses adolescent health status issues, the Arizona Perinatal Trust that works to improve perinatal outcomes through professional and public education, voluntary hospital certification, and data for participants in the regional certification process, and the Arizona Family Planning Coalition that provides education and supports efforts to improve women's reproductive health and the right to make informed decisions. The Domestic Violence Program administers the federally funded Family Violence Prevention and Services Grant. The funds are used to work with existing Rural Safe Home Networks (RSHN) to ensure continued funding; to establish Rural Safe Home Networks (RSHN) for persons experiencing family and domestic violence in rural communities; to expand and link these RSHN so that they are modeling on "best practice" prevention models; and to develop a set of standards and guidelines for rural safe home/shelters that will ensure the use of "best practices" in service delivery for domestic violence victims.

Many OWCH contractors have been required to conduct comprehensive needs assessments as a contract deliverable (e.g. the County Prenatal Block Grant requires each of the fifteen counties to develop a needs assessment of the prenatal population). All projects funded by the Community Health Services Grant are required to use the Logic Model to define their program goals, objectives, measurements and program evaluation component. Staff members from the OWCH PEP Section provide training to potential contractors and those awarded contracts in the use of the Logic Model.

The OWCH's organizational structure is based on a functions approach rather than programs for specific populations. The office provides technical assistance to entities serving the Title V population (i.e. communities, contractors, coalitions, schools, county health departments, other state agencies, etc.). The Planning, Education, and Partnerships Section (PEP) provides technical assistance on adolescent growth and development, dealing with adolescents, adolescent risk behaviors, and health and safety in child care settings. The Newborn Hearing Screening Program provides technical assistance to hospitals implementing universal hearing screening. A PEP Section employee sits as a non-voting member of the Arizona School-based Health Care Council board. The OWCH is working with the Governor's School Readiness Board to improve early childhood systems. A statewide plan will be completed by June 2005. /2007/ Emergency Medical Services for Children offers child emergency care training statewide to those who respond to child emergencies. The Arizona Injury Surveillance and Prevention Plan established objectives and proposed strategies to avoid injury. Arizona Safe Kids is a state-wide program to prevent unintentional injury to children under age 15 and provides local coalitions with leadership and technical assistance. //2007//

/2010/ The Bureau of Women's and Children's Health works closely with the Governor's Office for Children , Youth, and Families, and the First Things First Board to improve early childhood systems. The Bureau's Office of Children's Health coordinates a workgroup within the Arizona Department of Health Services (ADHS) focused on the needs of children 0 -- 5 years of age. This Zero to Five Workgroup consists of representative of each Bureau, Office or program focused on the young child. The mission of this group is to coordinate programs and services offered by the Arizona Department of Health Services around infants and young children and to provide timely and authoritative information from all of the ADHS programs who serve or study this population when needed.

The Bureau of Women's and Children's Health supports a strong infrastructure for assessment and evaluation of maternal and child health programs. The Office of Assessment and Evaluation conducts program evaluation, provides technical assistance to programs, provides data analysis and database management, assists with or authors grant applications, and produces reports for bureau programs as well as stakeholders and the general public. The Bureau's Injury Prevention Program includes an injury epidemiologist who provides state, local, and specialized reports for various stakeholders and the public. //2010//

OCSHCN INFRASTRUCTURE-BUILDING SERVICES

OCSHCN has five primary activities associated with infrastructure building; the development and maintenance of coalitions with external constituents; the enhancement and integration of data collection efforts, the development and utilization of the telehealth/telemedicine system throughout Arizona; the development and implementation of a learning management system; and the enhancement of the community action team philosophy.

Asthma Program. This public health program primarily supports local coalitions throughout the state in their efforts to develop and implement community-based programs to address the needs of children who have asthma. Additionally, OCSHCN uses its network of providers, community-

based organizations, and those with an interest in asthma to share information on: materials, advances in diagnosis and treatment, grant opportunities, data, and conferences./2009/This program has moved to ADHS Bureau of Chronic Disease Prevention and Control. OCSHCN will provide technical assistance regarding CYSHCN.//2009//

Beginning in 2004, OCSHCN brought together members of state agencies, community agencies, educational institutions, providers, and families to identify what services were being provided to C/YSHCN in Arizona, who had formed partnerships to conduct these activities, and whether there were missing pieces in the service delivery model. That group will form the Statewide Integrated Services Task Force funded by MCHB. This group will be charged with evaluating the needs of C/YSHCN, the service delivery system, gaps in services, and barriers to services and to draft a white paper to the Governor on recommended changes. There are numerous subcommittees that will enhance the work of the task force; one of these subcommittees will evaluate specialty services which will focus on maximizing the development of the telehealth/telemedicine throughout the state of Arizona, a second committee will focus on establishing standard for cultural competency in the service delivery systems, a third will develop, implement, monitor, and provide reports on various quality improvement methodologies including program evaluation tools

Annual Family Centered CRS Survey. OCSHCN conducts an annual survey of families enrolled in CRS to assess the degree to which family centered care is provided at the regional centers and outreach clinics. This bilingual tool assesses the degree to which family members believe the national performance measures are being achieved in the CRS clinics and how satisfied they are with the services they receive.

Annual CRS Provider Survey. Beginning in 2005, an annual survey of all CRS contracted providers will be conducted to evaluate the system issues within CRS. Are there barriers to care that are experienced by the providers, how responsive is CRS administration to the needs of the providers, and to determine if they have unmet educational needs.

Quality Improvement Activities. CRS must submit to AHCCCS two Performance Improvement Projects on an annual basis. These PIPs must identify a quality of care issue that will be monitored for improvement against a pre- and post-intervention time frame. Currently the four regional CRS sites are collecting information on the development and implementation of a transition plan for youth when they reach their fourteenth birthday.

Quality of care is monitored through site visits with all contracted providers of their policies and procedures, clinical case records, and financial billing procedures. Any deficiencies are addressed through the completion of a corrective action plan submitted to OCSHCN for review and acceptance.

Consumer satisfaction surveys are conducted with every CRS provider and family participating in telemedicine activities. Additionally annual satisfaction surveys are conducted with contracted service coordinators and the clients they serve.

Development and enhancement of the telehealth/telemedicine system. A statewide network of sites that have the capacity for simultaneous audio and visual communication is used for: the provision of clinical services to patients who live in areas that do not have ready access to specialists; conduct administrative meetings among staff living and working in different parts of the state; provide networking and information sharing opportunities for families and/or providers; and conduct training. OCSHCN has continued to expand its telehealth network. Funding from the Arizona Department of Health Services provided for the purchase of compatible equipment by each of the CRS clinics.

Learning Management System. ADHS has created the infrastructure to develop a learning management system by combining the resources of four office: the Office of Nutrition and chronic Disease, Public Health Preparedness and Response, the Office for Children with Special

Health Care Needs, and Emergency Medical Services. This system will allow the electronic tracking and evaluation of all web-based educational modules. These modules are available 24/7 and can be utilized real time or can be stored and reviewed at a later time. In addition to the tracking and educational modules, there will be a list serve available to participants to discuss the information with other e-learners. This system will be available to the four offices to provide training opportunities to their staff, their community partners, and family members. OCSHCN plans to utilize this technology to implement many of its training curriculums.

Community-Based Systems of Services. Through its community development initiative, OCSHCN continues to seek to improve family access to information and understanding of the eligibility and service delivery system through parent leadership and the development of local community action teams in selected communities. Working in partnership with community parent leaders, providers, and citizens, OCSHCN staff provide information, technical assistance and support services to create healthy environments within which organized community initiatives can grow and be nurtured.

Community parent leaders are placed under contract to reimburse them for their time and expertise in facilitating and supporting the work of their local community action teams. In addition, parents are integral members of CFHS and participate in developing budgets, planning and facilitating retreats and conferences, working on teams and developing strategic plans. Partnership with both parents and professionals is one way to ensure that the development of community-based systems of services addresses the needs of the population served.

Family participation in the decision-making process is incorporated in contractual agreements with the Children's Rehabilitative Services (CRS), through the Parent Action Councils (PAC). Each regional PAC provides a parent representative to the quarterly ADHS/OCSHCN/CRS Administrators and the Medical Directors meetings to promote continuous family centered care. PAC meetings are held at least quarterly to provide education, training, and support among PAC members.

/2010/
Economic Downturn Affects Agency Capacity
During State FY 2009, the economic downturn had a severe impact on Arizona. A hiring freeze has been in effect for well over a year, and the agency capacity has been reduced by approximately 25%. The mortgage crisis hit particularly hard in Arizona, and the state deficit necessitated deep cuts in order to balance the budget. Each state agency was asked to make a lump sum reduction. Agencies adjusted with a combination of cost-cutting measures from restricting airconditioning, lighting, maintenance, travel, and staff reductions, including layoffs and furloughs.

ADHS cut approximately one-fifth of its budget. This was accomplished by having all employees take ten unpaid furlough days before the end of the fiscal year, which amounted to one day per two-week pay period from the time the cuts were implemented in February until June 30th. In addition, program budgets were cut. Since the cuts were implemented late in the fiscal year, this had the effect of ending many programs. For example, Children's Rehabilitative Services (CRS) was forced to end payment for medical services for children with chronic and disabling conditions who were not enrolled in Medicaid. There were approximately 1,200 children who lost state assistance for their medical care in March. As the economy worsens, it is expected that the need for services will grow at the same time that the capacity to deliver them is diminished.
//2010//

C. Organizational Structure

Governor Janet Napolitano was sworn into office in January 2003. Prior to being elected Governor of Arizona, she served one term as Arizona Attorney General and four years as U.S. Attorney for the District of Arizona. A hallmark of Governor Napolitano's administration has been government reform on all levels. She established an efficiency review initiative that has identified hundreds of millions in savings over five years. Her various citizens' commissions have recommended important improvements to Child Protective Services, Department of Corrections, and the Arizona tax code. She erased a billion-dollar state budget deficit without raising taxes or eliminating vital services. She has tackled the spiraling price of prescription drugs by launching what is now the CoppeRx CardSM, a discount program that is saving Medicare-eligible Arizonans more than $100,000 a week. She is a distinguished alumna of Santa Clara University and the University of Virginia Law School.

The Arizona Department of Health Services (ADHS) is one of the executive agencies that report to the Governor. ADHS was established as the state public health agency in 1973 under A.R.S. Title 36 and is designated as Arizona's Title V MCH Block Grant administrator. Eight divisions in ADHS report to one of two deputy directors: Office of the Director, Arizona State Hospital, Division of Assurance and Licensure Services, Division of Behavioral Health Services, Division of Business and Financial Services, Division of Information Technology Services, Organizational and Employee Development, and Division of Public Health Services.

/2010/ Janice K. Brewer became the 22nd person to take the oath of office as Governor of Arizona on January 21, 2009. She is Arizona's fifth Secretary of State to succeed to Governor in mid-term. Jan Brewer has lived in Arizona for 38 years, and she has spent the past 26 of them serving the people and upholding the public trust. There are few, if any, elected officials in Arizona with a broader range of productive experience in public service. Prior to her succession to Governor, she served as Arizona Secretary of State, as Maricopa County Supervisor, and as a highly respected member of both houses of the Arizona Legislature, where she rose to leadership of the State Senate. //2010//

The Division of Public Health Services is organized into two primary service lines; Public Health Preparedness Services and Public Health Prevention Services (PHPS). PHPS administers Title V funds and coordinates activities through the Office of Women's and Children's Health (OWCH) and the Office for Children with Special Health Care Needs (OCSHCN). Included in PHPS are the Office of the Deputy Assistant Director which includes the medical director, business operations, and epidemiology services. Other offices within PHPS are the Office of Chronic Disease Prevention and Nutrition Services, (including WIC), the Office of Oral Health (OOH), the Office of Health Systems Development, and the Office of Tobacco Education and Prevention. Title V funding is used to support many activities throughout the various offices within the Division of Public Health Services as well as other bureaus. /2007/The Center for Minority Health was added to the Office of Health Systems Development. This office is a central source of information and resources on minority health and health disparity. It provides leadership and builds networks and community capacity. //2007//

/2008/To align with other areas within the Division of Public Health, Offices within Public Health Prevention Services were reorganized into Bureaus during the spring of 2007.//2008//

/2008/
In August of 2006, the Office for Children with Special Health Care Needs merged with the Division of Behavioral Health both because of similarities in function and because of overlapping populations. //2008//

/2009/ The Office of Oral Health was moved into the Bureau of Health Systems Development to enhance infrastructure and capacity. //2009//***/2010/ Public Health Prevention Services implemented a realignment plan that saves $670,000 per year in state funds. Changes***

include: 1) Office of Oral Health moved to Bureau of Women's & Children's Health; 2) Well Woman Health Check Program moved to Bureau of Health Systems Development; 3) Integrated School Health Grant and Physical Activity Program moved to Bureau of USDA Nutrition Programs; and 4) Bureau of Chronic Disease merged with Bureau of Tobacco Education and Prevention //2010//

OFFICE OF WOMEN'S AND CHILDREN'S HEALTH

The OWCH office organizational structure is comprised of four sections: Assessment and Evaluation; Community Services; Planning, Education and Partnerships; and the Finance Section. Administrative Assistants are assigned to each section and support staff personnel are assigned to each unit within a section.

The Assessment and Evaluation Section is responsible for supporting research and evaluation related to women's and children's health, including statewide performance, outcome, and health status indicators. The section evaluates OWCH programs' effectiveness through designing studies as well as providing technical assistance to OWCH program managers as they design and implement evaluation strategies. The section also supports data collection, management, analysis and reporting for OWCH programs. Current Assessment and Evaluation programs and projects include: Child Fatality Review Program, Citizens Review Panel, Unexplained Infant Death Title V MCH Block Grant Application, and Five-Year Maternal-Child Health Needs Assessment.

The Community Services Section programs provide services to children and their families who are at risk for developmental delay, metabolic/genetic disorders or hearing impairment. The programs within this section are Newborn Screening, Newborn Hearing Screening, Health Start, the High Risk Perinatal Programs, the Pregnancy and Breast Feeding Hot Line, the Children's Information Center, and the WIC Hot Line./2008/Two new initiatives were added to the Community Health Services Section. The Blood Cord Pamphlet and Pregnancy Services projects are described in detail in the Agency Capacity section of this application.//2008//

The Planning, Education and Partnerships Section (PEP) provides leadership for statewide priority setting, planning, and policy development, and supports community efforts to assure the health of women, children, and their families. PEP works with a variety of public, private, and non-profit community partners to identify health needs, improve systems of care, and develop public health policies. PEP provides and supports educational activities that advance good health practices and outcomes, including promoting the use of "best practices," providing client and provider education, sponsoring public information campaigns, and developing and distributing education materials. Current Planning Education and Partnership programs include: Abstinence, Sensory, Domestic Violence, Rural Safe Home Network, Rape Prevention and Education, County Prenatal Block Grant, Reproductive Health/Family Planning, the Medical Home Project, and Community Health Services. /2007/Injury Prevention, Emergency Medical Services for Children, and Safe Kids were added to the PEP section. Comprehensive Sexuality Education Program was also added to the PEP section and funded by state lottery dollars.//2007///2008/In 2007, Planning, Education and Partnership hired a full-time health educator. The health educator develops educational materials and assists with office strategies.//2008//

The Finance Section coordinates all budget, fiscal, and operational issues for the office.

OWCH identifies and prioritizes the needs of women and children in Arizona through a participatory process. This results in funding decisions that have the best chance to make an impact on the health of the maternal and child health population. The OWCH strategic plan is available at the OWCH web site www.azdhs.az.gov/phs/owch. The plan identifies two priority areas 1) reduce mortality and morbidity of the maternal and child population 2) increase access to health care, and identifies the need to decrease health disparities as an overarching priority. The functions of the various office sections are specified within the plan. The plan is used to make

funding decisions and to establish staff priorities.

The OWCH Financial Management Plan was developed to: 1) reduce the amount of year two funds that had historically occurred 2) provide closer management of Title V funds. 3) reduce administrative costs 4) streamlined budget oversight by reducing the number of contracts and cost centers

OWCH funds block grants to communities to address maternal and child health priorities. The block grants give latitude to local communities in developing strategies but require that the strategies be research based.

The OWCH Partnership Initiative enhances the relationship of OWCH with community partners to better address the needs of women and children. Community partners include a broad group of agencies and organizations. The designated OWCH partner is assigned to serve as the primary office contact for each identified partner agency. The partner is available to answer questions, provide technical assistance and information, serve on committees, and provide updates on the health status of women and children. The OWCH partner presents an overview of current health status data and trends to the partner agency.

/2009/ The Office of Women's and Children's Health became the Bureau of Women's and Children's Health (BWCH). The Bureau includes an Office of Community Services, Office of Planning, Education, and Partnerships, Office of Assessment and Evaluation, and Finance and Business Section. //2009//

/2010/ As part of the realignment occurring in Public Health Prevention Services, the Bureau of Women's & Children's Health reorganized in 2009. The new structure accounts for changes in funding and supports an increased focus on preconception health and early childhood. The Bureau now includes an Office of Children's Health, Office of Women's Health, Office of Oral Health, Injury & Child Fatality Section, Office of Assessment & Evaluation, and Business & Finance Section. //2010//

OFFICE OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS

The OCSHCN was restructured in July 2004 to streamline functions and enhance the data analysis and reporting capabilities. OCSHCN is now comprised of five sections: Data, Planning, and Evaluation, Education and Advocacy, Finance and Business Operations, Quality Management, and Systems of Care. The CRS Medical Director and CRS Contract Compliance Officer report to the Office Chief, along with the OCSHCN Office Manager.

The Data, Planning, and Evaluation Section is responsible for developing, publicizing, and updating the strategic plan and the annual action plans; designing, conducting, analyzing, and producing written reports on all needs assessments, surveys, and program evaluations; preparing grant applications; and convening various groups of key partners and stakeholders to provide input on the design, implementation, and evaluation of all OCSHCN activities. This section is also responsible for implementing the use of the Logic Model in the design, implementation, and evaluation of all office activities.

The Education and Advocacy Section provides oversight and technical assistance for all training and educational activities within the office and with external constituents; provides oversight and coordination of all telehealth and telemedicine activities; coordinates activities related to Medical Home, adolescent health including transition, school nurses, asthma, web-based education and resources including managing the OCSHCN website, and the publication of the OCSHCN and ADHS Native American Newsletters

The Finance and Business Operations Section coordinates all budget, fiscal, and operational issues for the office. They define and monitor all contracts with external providers and track fiscal

compliance with these contractual obligations. In conjunction with AHCCCS, they manage the capitation payment and reporting systems for CRS.

The Systems of Care Section is responsible for the three service coordination programs, Arizona Early Intervention (AzEIP), Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI), and OCSHCN (children not covered under the AzEIP or TBI/SCI programs), as well as the Community Development Program that includes the community action teams and the Community Development Initiative.

The Quality Management Program is responsible for providing administrative oversite to the CRS regional clinics and providing services through quality improvement education and monitoring, utilization review of services including monitoring of the denial and appeals process. The CRS Contract Compliance Officer works closely with this section to ensure all contractual obligations are met.

/2008/
OCSHCN has reorganized into six divisions: Clinical Programs, Quality Management, Utilization Management, Grievance and Appeals, Business and Finance, and Compliance. Division chiefs from each of these areas report directly to the office chief, as do the medical director, a corporate compliance officer, and a cultural competence officer. The business and finance function, as well as the officers for corporate compliance and cultural competence are now shared resources with the Behavioral Health Services. The majority of Title V funded positions and activities are housed in the Division of Clinical Programs, although blended funding from Title V, XIX, and XXI occur in other divisions, and Title V concepts infuse the programmatic activities of the Title XIX and XXI programs.
//2008//

/2010/The Division of Clinical Programs was reorganized to become the Division of Member and Provider Services, Education and Advocacy, encompassing CRS member and provider services and education and advocacy for CRS members and the larger OCSHCN population//2010//

OCSHCN established formal relationships with external stakeholders and partners 2004 and 2005. Beginning in November 2004 when a large group of state and local community agencies, providers, and families of C/YSHCN were brought together to plan the response to the Request for Proposals for the Integrated Services grant and continuing with the Needs Assessment Planning Group, OCSHCN has made a strategic decision to become the repository of information related to activities serving C/YSHCN throughout the state. With the award of the Integrated Services grant, many committees and tasks force were developed that allow for a formal mechanism to include external stakeholders in the planning, development, and evaluation of all activities related to C/YSHCN. The activities of these committees will be made public through the posting of their action plans, agendas, and minutes from their meetings on the OCSHCN website. Numerous relationships have been established with National committees that will broaden the perspective of OCSHCN and provide an opportunity for the exchange of best practices throughout the US. These include a relationship with the National Center for Cultural Competency, the National Center for Health Care Financing, and the MCHB State Leadership Network.

D. Other MCH Capacity

Arizona Department of Health Services (ADHS) administrative offices are located in the capitol mall area in the city of Phoenix. This location enhances collaboration between ADHS divisions as well as other state agencies.

ADHS SENIOR LEVEL MANAGEMENT

Susan Gerard was appointed director of ADHS on April 29, 2005. Ms. Gerard previously served as a member of Governor Janet Napolitano's administration as a policy adviser for health care issues, assisting with crucial decisions involving state and federal budgets. Ms. Gerard served in the state legislature from 1988 to 2002, chairing the health committee for 10 years and earning recognition as a statewide leader on healthcare issues.
During her legislative career, Ms. Gerard directed the effort to create the Child Fatality Review Program to reduce preventable child deaths and led a year long study and implemented one of the country's first advance health care directive programs. She led efforts to fund and create intervention and prevention programs such as Healthy Families, Health Start, and Head Start. She was instrumental in obtaining funding for the seriously mentally ill, the Arizona State Hospital, and other mental health programs. Ms. Gerard has served on a variety of boards and service organizations and has received awards for leadership and honors from all the major health organizations in Arizona. Ms. Gerard received a Bachelor of Arts from Drake University in Des Moines, Iowa, and a Masters in Business Administration from Arizona State University.

/2010/ Susan Gerard resigned her position as Director of ADHS in July 2008. January Contreras, formerly Governor Napolitano's Health Policy Advisory, served as Acting Director August 2008 -- January 2009. Ms. Contreras resigned in January 2009 upon Governor Napolitano's departure. Will Humble was named Interim Director on January 21, 2009. Mr. Humble was most recently the Deputy Director of the Division of Public Health Services, and has been with ADHS since 1992. Mr. Humble holds a Masters Degree in Public Health with a emphasis in environmental science. He has served as chief of the Office of Environmental Health and was the Assistant Director of Public Health Preparedness in ADHS. //2010//

Rose Conner is the assistant director of the Division of Public Health Services. Ms. Conner is a registered nurse with a Bachelor's of Science degree in Vocational Education and a Master's Degree in Education/Counseling. She has spent the past twenty-nine years in local county and state government service in Arizona, in a variety of positions including direct patient care, management, executive leadership roles and has an extensive background in licensing and health care regulation. /2007/ In 2005 Rose Conner was appointed Deputy Director of ADHS. Niki O'Keeffe was appointed Assistant Director of Public Health Services. Ms. O'Keeffe is an RN with a BS degree. She has experience in health care recruitment, human resources, developing hospital based community outreach programs in school-based clinics, tele-nursing, parish nursing, and wellness centers. She has served as the Deputy Assistant Director for ADHS Public Health Preparedness that included Epidemiology and Disease Control, State Laboratory, Emergency Medical Services, Public Health Emergency Preparedness and Response. //2007//

/2008/Rose Conner and Nikki Okeefe resigned their positions in 2006. Sarah Allen was appointed Deputy Director for Division of Public Health Services in 2007. Mrs. Allen came to ADHS with over 20 years of experience managing health care organizations and in the training of future health professionals. Previously Mrs. Allen was the CEO for Canyonlands Community Health Care for 14 years. Before coming to CCHC Mrs. Allen ran the Area Health Education Center for Maricopa County in Arizona and taught at the University of New Mexico Medical School. Mrs. Allen completed her M.S. at the University of New Mexico and is in the final stage of her PhD in Health Education and Epidemiology. She is a past president of the Arizona Public Health Association and an Athena Award recipient. Jeanette Shea-Ramirez was appointed Assistant Director for Public Health Prevention Services in 2007.//2008//

Raul V. Munoz Jr., B.S., M.P.H., is the deputy assistant director of Public Health Prevention Services. Mr. Munoz received his Masters of Public Health from the University of Texas Health Science Center at Houston in 1975. He has an extensive background in public health with the State of Texas. Prior to his move to Arizona, Mr. Munoz was an administrator with the Managed Health Care Program at Texas Tech University. He was affiliated with the El Paso City-County Health and Environmental District for twenty-five years, serving in a number of positions, including: associate director, chief of staff services, and chief of environmental health services. In

addition to the above, Mr. Munoz was a lecturer at the University of Texas at El Paso, College of Nursing and Allied Health. /2007/In 2005 Raul Munoz retired, Jeanette Shea-Ramirez was appointed Deputy Assistant Director of Public Health Prevention Services. //2007// /2008/The deputy assistant director position was eliminated in 2007.//2008//

OFFICE OF WOMEN'S AND CHILDREN'S HEALTH

Jeanette Shea-Ramirez is the office chief for Office of Women's and Children's Health. Ms. Shea-Ramirez has served in many public health leadership positions. A Master's Degree in Social Work with specialization in planning, administration, and community development, combined with professional experience in case management and as a Medicaid policy specialist brought Ms. Shea-Ramirez to public health in 1990 as manager of the Teen Prenatal Express Program. She has served on numerous state and national boards. She has provided consultation to the Association of State and Territorial Health Officers (ASTHO) Policy Committee and serves as a consultant to the Arizona Perinatal Trust Board of Directors. Her presentations at the national conference for the American Public Health Association have included "Team Management in a Public Health Environment", 1995; "Promoting a Family Focus in Public Health Case Management Programs Through Skills Training", 1993; and "Coalition Building with Public Health Social Workers", 1992. A member of the Office of Women's Health Region IX Advisory Council, Ms. Shea-Ramirez received a scholarship to travel to New Zealand to attend the Aotearoa World Indigenous Women and Wellness conference last November. /2007/In 2006 Sheila Sjolander was appointed Chief of the Office of Women's and Children's Health, replacing Jeanette Shea Ramirez. //2007//

Sheila Sjolander has been the section manager for Planning, Education and Partnerships (PEP) since 2001. PEP provides leadership for statewide priority setting, planning, and policy development, and supports community efforts to assure the health of women, children, and their families. Ms. Sjolander oversees a variety of statewide maternal and child health programs, including domestic violence and rape prevention, injury prevention, prenatal block grant to the counties, community health projects targeting Title V priorities, hearing screening, family planning, and teen pregnancy prevention. For the last twelve years, Ms. Sjolander has used her expertise in strategic planning and policy development in the states of Arizona, Wisconsin, and Oregon, and has had leadership roles in public health for the past eight years. /2007/ In 2006 Catherine Hannen became section manager for the PEP section. Ms. Hannen has a B.A. in Political Science and is an MSW, LCSW. For the past five years she has been a program manager for OWCH. She also has prior experience in acute health care and long-term care. //2007//

Joan Agostinelli joined the Office of Women's and Children's Health as the section manager for Assessment and Evaluation in 2004. The section is responsible for supporting research and evaluation related to women's and children's health. Ms. Agostinelli has over twenty years experience in health care, including ten years as a private consultant providing services to both public agencies and private health care organizations related to research design, needs assessment, performance measurement, program evaluation, and reimbursement system design. /2007/Lisa Anne Schamus became the section manager for Assessment and Evaluation in 2006. Ms. Schamus had been the Research and Statistical Analysis Unit Manager for Assessment and Evaluation since 2004. This unit was responsible for supporting the research needs of the office, collecting data, reporting, providing technical assistance, program evaluation, needs assessment, and performance and outcome measurement. Ms. Schamus has an M.P.H. in Epidemiology and a BA in Spanish with a minor in Latin American studies. //2007//

/2009/ Paul Holley joined BWCH in October 2007 as Chief of the Office of Assessment and Evaluation. Mr. Holley has more than seven years of experience in the evaluation field and has led evaluations of several federal grant initiatives related to public health prevention and early intervention. He is skilled in research design and implementation, data collection methods, and statistical analysis. Paul received his PhD in Sociology in 2006. //2009// ***/2010/ Paul Holley***

resigned his position in December 2008. Syed (Khaleel) Hussaini was appointed Acting Chief of the Office of Assessment and Evaluation in January 2009. Dr. Hussaini has been an international consultant previously and has conducted several research and evaluation studies, including a 2007 evaluation of the Health Start Program which is currently being peer-reviewed for publication. Syed received his Ph.D. in Sociology at Arizona State University.

Toni Means serves as the Office Chief of Women's Health. Ms. Means has 17 years of progressively responsible program management experience, and has served in the Bureau of Women's & Children's Health since 1991. Ms. Means received a Masters in Business Administration in Health Care Management from the University of Phoenix. Mary Ellen Cunningham is the Acting Chief of the Office of Children's Health. Ms. Cunningham has led the Bureau's High Risk Perinatal Program since 2005. Formerly with the U.S. Navy, Ms. Cunningham is a registered nurse with a Masters in Public Administration. //2010//

OFFICE OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Cathryn Echeverria, RN was appointed OCSHCN Office Chief in January 2002. She speaks nationally at conferences and workshops and participates and serves on board of directors and advisory boards. She is known for her leadership in financing healthcare for special needs populations and has recently been asked to serve on a committee for Boston University School of Public Health as the National Center on Health Insurance and Financing for CSHCN. She is a serves as our state liaison with federal, state and local projects related to improving the systems of care for C/YSHCN. Recently, Cathryn was invited by the Child, Adolescent, and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration and the U.S. Department of Health and Human Services and the Technical Assistance Partnership for Child and Family Mental Health to participate in a working meeting on linking the medical home model with mental health systems. She also participates on the 2010 Leadership States Committee headed by Merle McPherson. /2007/In 2006 Cathryn Echeverria resigned and Joan Agostinelli was appointed Office Chief. Ms. Agostinelli had been the section manager for Assessment and Evaluation in OWCH. //2007//

Jacquilyn Kay Cox, PhD joined the OCSHCN staff in 2004 as the Manager for the Data, Planning and Evaluation Section. This section is responsible for all of the data collection, analysis, and reporting for OCSHCN. Additionally this section is responsible for the MCH Block Grant, the 5-year Needs Assessment, strategic planning, and grant applications. Dr. Cox has 25 years of management experience in the health care industry with a particular focus on Behavioral Health. Prior to coming to OCSHCN, she conducted research utilizing the Centers for Medicare and Medicaid Health Outcomes data which measures changes in the quality of life of Medicare beneficiaries in managed care plans throughout the United States. She has presented the results of original research at numerous national conferences and has published in peer-reviewed journals./2009/Dr. Cox resigned in June 2006. Over the past two years OCSHCN has substantially increased capacity around data collection and analysis. Lisa Anne Schamus joined OCSHCN's staff in July 2007.//2009//

OTHER PUBLIC HEALTH SERVICE PREVENTION MANAGEMENT

Margaret Tate, M.S., R.D., joined the Arizona Department of Health Services in June 1999 as the chief of the Office of Chronic Disease Prevention and Nutrition Services. Ms. Tate is active in numerous nutrition organizations. She has served as president of the Association of State and Territorial Public Health Nutrition Directors and is active in the American Dietetic Association. ***/2010/ Ms. Tate resigned in 2009. Veronica Perez serves as the current Director of Chronic Disease Programs in the Bureau of Tobacco and Chronic Disease. Ms. Perez was formerly the Cultural Competency Advisor for ADHS. //2010//***

Joyce Fleiger is office chief of the Office of Oral Health Services. She a graduate of the University of Southern California Dental Hygiene Program and received her Masters in Public Health from the University of Michigan in Ann Arbor. She has experience in the clinical practice of dental hygiene, public health and dental hygiene education including Director of Dental Hygiene Program and Department Chair of Dental Studies at Pima Community College in Tucson. ***/2010/ Ms. Fleiger resigned in November 2007. Julia Wacloff joined the Office of Oral Health as Office Chief on July 6, 2009. Ms. Wacloff previously worked with Office of Oral Health as a consultant for 13 years. She holds a Master's degree in Dental Public Health and is a registered dental hygienist. She most recently served an an epidemiologist with the Centers for Disease Control and Prevention. //2010//***

ROLE OF PARENTS OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS

The OCSHCN has, since its inception, accepted parents and other caretakers as integral members of the team. Parents are included as partners in all phases of program development, implementation, and policy-making. Block grant funds are used to pay parents for consultant services, travel expenses, and childcare. Children and youth with special health care needs and their families participate in a variety of activities with OCSHCN: the Youth Action Council, the Cultural Competency Team, the training of families and professionals, and they have assisted with data collection, and prioritization of system issues. The CRS State Parent Action Council includes parents from the four regional CRS sites and advocacy group representatives. Parents also participate n the CRS Quality Improvement Committee and assist with the CRS Biennial Conference.

OCSHCN works to develop parent-led, self-reliant, self-sustaining community organizations that can mobilize local, state, and federal resources to improve the quality of life for C/YSHCN and their families. Each community identifies its unique resources and issues impacting C/YSHCN and their families, and purposefully works to improve the system of care within their community. Building on the success of OCSHCN community development teams, parent leaders proposed an expansion the Community Development model to all agencies serving children and youth in Arizona to the Governor and the Governor's Children's Cabinet. The cabinet endorsed the participation of all state agencies in a summit, "Circles of Success, Communities of Strength." The statewide partnership includes representation from the Office of the Governor, Arizona Department of Economic Security, Arizona Department of Education, Arizona Department of Health Services (OCSHCN and Behavioral Health Services), Arizona Department of Juvenile Corrections, AHCCCS, as well as families working with or being served by these agencies.

/2010/ The Community Development Program was designed to provide resources to train parent leaders and develop community capacity. Due to changes in state procurement procedure in 2008 non-competitive individual purchase orders (POs) were no longer permitted. To replace individual PO's OCSHCN partnered with the Bureau of Women's and Children's Health and ADHS Behavioral Health Services to develop the Building Partnerships for Quality Care RFP. This RFP provides ADHS with a vehicle to see systems through the eyes of families, consumers and youth and enables those who have first hand experience with systems of care to have direct and meaningful input into the health systems, policies, and/or practices that affect service delivery. The Contractors for this RFP will provide a mechanism to include a diverse group of families, consumers and youth for ADHS time-limited and project specific work and will identify, support and train families, consumers and youth to provide expertise and involvement to ADHS based on first hand experiences with systems of care//2010//

E. State Agency Coordination

The Office of Women's and Children's Health (OWCH) Partnership Initiative enhances the relationship of OWCH with community partners. OWCH staff is assigned as the primary office contact for each partner agency and is available to answer questions, provide technical

assistance, serve on committees, and provide updates on the health status of women and children.

COORDINATION AMONG STATE HUMAN SERVICES AGENCIES

Governor's Commission on the Health Status of Women and Families in Arizona: The OWCH office chief/Title V director is appointed to the commission. In 2004 and 2005 the Commission met to develop public policy recommendations and strategies to improve the overall health of women focusing on the following areas: access to health care, general health concerns affecting women, family planning, teen pregnancy prevention, prenatal care. /2008/ The ADHS Assistant Director is appointed to the commission and the Women's ***/2010/ Health //2010//*** Coordinator works closely with the BWCH Bureau Chief to ensure BWCH priorities are taken into account in Commission planning. //2008//

Governor's Office for Children Youth and Families: OWCH funds the Women's Health Policy Advisor position. /2007/The Governor's staff position moved to ADHS, PHPS in 2006. Jessica Yanow was hired as Women's Health Coordinator. Ms. Yanow has an MPH with a focus in community health practice. She has experience in domestic violence, reproductive health and family planning, obesity, physical activity, nutrition, chronic disease prevention, and HIV/AIDS. //2007// /2008/ BWCH funds the Women's Health Coordinator, who is responsible for staffing the Governor's Commission on the Health Status of Women and Families in Arizona. //2008//

/2010/ The Governor's Commission on Women's and Children's Health was re-established in September 2008. The Commission developed an action plan targeting the area of obesity prevention among children and families. The Governor's Office staffs the Commission with the support of Title V funding through the Bureau of Women's and Children's Health. //2010//

Governor's School Readiness Board: OWCH uses the State Early Childhood Comprehensive Systems Grant to support a position in the Governor's Office for Children, Youth, and Families to staff the School Readiness Board. OWCH staff participate on the Health Implementation Committee of the board, which focuses on the implementation of the health recommendations of the board.

/2010/ First Things First: In November 2006, the voters of Arizona passed proposition 203, the Early Childhood Development and Health (ECDH) initiative (First Things First). Proposition 203 raises revenue for early childhood programs (0 -5 years of age) through an 80 cent tax on cigarettes. This initiative presented an unprecedented opportunity to make significant progress in achieving the goals and objectives of the Early Childhood Comprehensive Systems grant planned and implemented by the School Readiness Board. With the passage of the initiative, the consensus of the School Readiness Board members was that the ongoing activities to support and promote school readiness and early childhood comprehensive system building should continue under the structure of the Early Childhood Development and Health Board (ECDHB) created by the initiative. The objectives of the ECDH Initiative are aligned with the five critical components of the ECCS and provide a dedicated revenue stream through an additional tax on tobacco products to support and strengthen early childhood programs and services and a comprehensive system of care. The Acting Office Chief of the Office of Children's Health serves as the designee of the ADHS Director to the ECDHB and on the Health Advisory Board of the ECDHB.

For the 2009 extension of the State Early Childhood Comprehensive System grant, ADHS and ECDHB agreed that the ECDHB would be the applicant for the grant to facilitate further integration of the early childhood system. The Chief of the Office of Children's Health devotes a quarter of her time to coordination and alignment of ADHS activities and programs with the ECDHB as well as integration with the SECCS grant. //2010//

Governor's Commission to Prevent Violence Against Women: OWCH staff participate on subcommittees of this commission and participated in the development the commission's State Plan on Domestic and Sexual Violence.

Governor's Efficiency Review Board: The Governor's Efficiency Review Report requires the Department of Economic Security, the Arizona Health Care Cost Containment System and the ADHS/OCSHCN to establish procedures that will streamline application processes for children born with severe birth defects.

Governor's Council on Developmental Disabilities: OCSHCN community teams are working with the Council on education regarding self-advocacy and community-based services for children and their families.

Governor's Council on Head and Spinal Cord Injuries: OCSHCN and the Arizona Governor's Council on Spinal and Head Injuries have established a partnership to address the needs of children with brain and spinal cord injuries. The council provides funding to OCSHCN for service coordination of children and youth with head and spinal cord injuries and support two analytic staff within OCSHCN to develop an Arizona traumatic brain and spinal cord injury registry.

/2008/Governor's Interagency Workgroup on Teen Pregnancy and STD Prevention: BWCH actively participates with the Governor's Office and other state agencies to identify policies and strategies to address teen pregnancy and STD prevention among youth in care, i.e. in foster care and the juvenile justice system. The workgroup will also be addressing issues of subsequent pregnancies.//2008//

State Agency Coordination Team (SACT): OWCH staff represent ADHS on this team of various state agencies that meets monthly to work together on domestic violence and sexual assault system issues. The team is organized and led by the Governor's Office for Children, Youth, and Families, Division for Women. Participating agencies include: Department of Economic Security, Department of Public Safety, Attorney General's Office, Department of Housing, Criminal Justice Commission, Arizona Supreme Court, Department of Corrections, and Arizona Health Care Cost Containment System (AHCCCS).

Interagency Coordinating Council: The Governor established the State Interagency Coordinating Council to advise and assist the lead agency, DES, in the development and implementation of policies that constitute the statewide system of early intervention services, Part C of the IDEA. OCSHCN serves on the Council by appointment of the Governor.

Arizona Department of Economic Security (DES): DES funds support the OWCH Child Fatality Review Program. DES administers state funds for domestic violence shelters, and the OWCH domestic violence program (known as the Rural Safe Home Network) works closely with DES to coordinate services for domestic violence victims. The Arizona Early Intervention Program (AzEIP) is a collaborative program of the Department of Economic Security (DES), Arizona Health Care Cost Containment System (AHCCCS), ADHS/OCSHCN; the Arizona Department of Education; and the Arizona Schools for the Deaf and Blind (ASDB). OCSHCN provides developmental screening and referral services through contracted providers to Arizona's infants and toddlers age birth to three years who are exhibiting developmental delays and may benefit from early intervention.

Arizona Department of Public Safety (DPS): OWCH and DPS work closely on sexual assault and domestic violence issues, and have jointly funded projects in the past. DPS participates on the ADHS Injury Prevention Advisory Council, and provides a source of data for homicide and sexual assault.

Arizona Department of Education (ADE): OWCH staff sits on a committee reviewing HIV/AIDS

educational material. ADE works with ADHS on the Youth Risk Behavior Factor Survey and general school health issues. OCSHCN participates on the Arizona Transition Leadership Team (ATLT), developed by the ADE to develop statewide policies to ensure timely access to post-secondary disability resources and to design of research of post school outcomes. OCSHCN partners with ADE on the state transition conferences. /2007/ ADE participates on the ADHS Injury Prevention Advisory Council and has collaborated with OWCH staff to review comprehensive sex education proposals and identify opportunities to coordinate violence prevention efforts. //2007//

Arizona Department of Corrections: OCSHCN develops and provides training and technical assistance to incarcerated and paroled adolescents and those working directly with them.

Children's Cabinet: The Director of the Department of Health Services is on the Governor's Children Cabinet along with other state agencies concerned with children. The cabinet provides an opportunity to work with other state agencies on issues related to children's health.

Arizona Health Care Cost Containment System (AHCCCS): Arizona's Title XIX agency. OWCH programs collaborate to improve access to health care and increase enrollment. OCSHCN works with AHCCCS to providing administrative oversight to the CRS program; these activities include formal data sharing agreements, the development and implementation of quality improvement activities, and coordination of capitated payment mechanisms to the four regional CRS sites. /2007/ State Agency Survey Coordination Committee: OWCH, ADE, and the Arizona Criminal Justice Commission meet quarterly to coordinate school-based surveys such as Youth Risk Behavior Survey, Youth Tobacco Survey, and Arizona Youth Survey. //2007//

COORDINATION WITH PUBLIC HEALTH AGENCIES, FEDERALLY QUALIFIED HEALTH CENTERS, OTHER ORGANIZATIONS, ASSOCIATIONS, UNIVERSITIES

Northern Arizona University/Institute for Human Development: OCSHCN provides financial support for parents of children with special health care needs and OCSHCN staff to provide training twice a year to this group of students. The Flagstaff CRS clinic also arranges for home visits with families. Students will acquire knowledge and skills through the 12-hour program of courses and practicum.

University of Arizona (UofA): OCSHCN works with the UofA to implement the Telemedicine Program. /2009/ BWCH and the University of Arizona College of Public Health coordinated an all-day orientation to MCH programs for interested MPH students. //2009//***/2010/ The Bureau Chief of Women's and Children's Health provided an overview of bureau programs and the status of maternal and child health in Arizona to MPH students in Tucson. The Bureau has placed U of A MPH students as interns and volunteers. //2010//***

Arizona State University (ASU): OCSHCN works with ASU on implementing the LMS system and the ADHS Leadership Academy

Residency Programs: OCSHCN provides financial support for training physicians in pediatric and family practice residency programs. The residents complete a one-hour orientation at Raising Special Kids that focuses on the importance of family-centered care and a two-hour Home Visit with the Family Faculty who are trained volunteer parents who are raising a child with special needs.

Arizona Local Health Officers Association (ALHOA): Includes health officers from all county health departments and tribal health agencies. OWCH provides funds to county health departments and tribal agencies for services to women, infants, and children.

Association of Community Health Centers: OWCH provides funds to the health centers for immunizations through The Arizona Partnership for Immunization (TAPI). OWCH also has

contracts with some community health centers for the Health Start program. As a result of HRSA's Strategic Partnership Session for Arizona grantees, the BWCH continues to work with the Arizona Association of Community Health Centers on the issue of improving integration of behavioral health. Other partners involved in this collaboration include the State Office of Rural Health and the Bureau of Health Systems Development. Also as a result of HRSA's Partnership Session, the BWCH invited the Office of Rural Health to join its advisory committee for the HRSA EMSC grant.

Arizona Department of Health Services (ADHS): ADHS has created the infrastructure to develop a learning management system by combining the resources of four offices: the Office of Nutrition and Chronic Disease, Public Health Preparedness and Response, OCSHCN, and Emergency Medical Services. This system will allow the electronic tracking and evaluation of all web-based educational modules.

Arizona Chapter of American Academy of Pediatrics: OWCH provides funds to support the Medical Home Project, and works with them on development of a statewide child care health and safety consulation system. OCSHCN/CRS Medical Director is a member of the AzAAP and has been appointed as the Arizona liaison for the National AAP Council on Children with Disabilities. OCSHCN staff assist AzAAP in policy revisions regarding the role of the school nurse in providing school health services.

Arizona Perinatal Trust partners with OWCH to maintain and improve the regionalized perinatal system of care in Arizona. OWCH acts as a technical advisor to the Trust, participates on site visits that the Trust conducts to certify birthing hospitals, and assists with data analysis and dissemination to Level I, II, and III birthing hospitals.

March of Dimes (MOD): Ongoing partnership. MOD provided technical support for the expansion of screening tests provided by the OWCH Newborn Screening program./2008/BWCH participates on the MOD Program Services committee and the assistant director serves on the legislative committee.//2008//***//2010/ The March of Dimes provided grant funding to initiate new promotion of the Baby Arizona hotline and website in order to help uninsured or underinsured pregnant women access prenatal care early in their pregnancies. //2010//***

Arizona Family Planning Council: the Title X agency shares family planning data and other information with OWCH. Collaborates with OWCH to ensure family planning services are in every county. OWCH participates as a reviewer in the Title X RFP process.

Arizona Family Planning Coalition: OWCH staff sit on the steering committee of this statewide coalition focusing on advocacy, education, and legislation affecting reproductive rights. OWCH is a sponsor of the Coalition's annual conference.

Alliance for Innovations in Health Care: The Alliance is affiliated with the National Friendly Access Program, a national initiative to bring about changes in the maternal and child health care system. OWCH is funding the implementation of the Friendly Access baseline survey assessment for prenatal clients and the development of a community plan based on findings. OWCH is a member of the Alliance.

Arizona Public Health Association (AZPHA): OWCH staff sit on the board and are association members. OWCH and OCSHCN support AZPHA's two annual conferences. OWCH works with AZPHA to identify maternal and child health issues and policies that the association could help support. OCSHCN staff participate in the monthly AzPHA School Health Section Meetings. /2009/ BWCH staff facilitated the creation of an MCH section in the AZPHA. A manager within BWCH will become the President of the AZPHA in September 2008. //2009//

School Based Health Council: OWCH staff attends board meetings to exchange information.

Arizona Coalition Against Domestic Violence: OWCH Rural Safe Home Network Program provides funding to the coalition for training, advocacy, information and referral services, and technical support of domestic violence community-based programs. OWCH has worked with the coalition to apply for additional federal grants for Arizona, and sought the coalition's input on development of plans related to domestic violence and a variety of other issues.

Arizona Sexual Assault Network: The OWCH Rape Prevention and Education Program works closely with the network in a variety of ways. To enhance collaboration, the network director attends contractor meetings as well as annual CDC grantee meetings with the rape prevention program manager. OWCH provided funded to the Arizona Sexual Assault Network, in partnership with Department of Public Safety, to conduct training on emergency room department response and protocol to sexual assault victims.

ADHS Injury Prevention Advisory Council: The advisory council is appointed by the director of ADHS to make recommendations on policies and actions that the department can take to help prevent injuries in Arizona. The advisory council oversees the development, update, and progress on the Arizona Injury Surveillance and Prevention Plan. OWCH staffs the advisory council and facilitates the meetings. Agencies comprising the council currently include: Inter Tribal Council of Arizona, Indian Health Services, Arizona Local Health Officers Association, Arizona Coalition Against Domestic Violence, Department of Public Safety, Arizonans for Gun Safety, St. Joseph's Medical Center, Desert Samaritan Medical Center, Governor's Office for Highway Safety, EMPACT -- Suicide Prevention Hotline, Poison Control Center, Phoenix Fire Department, Phoenix Children's Hospital, Mothers Against Drunk Driving, Drowning Prevention Coalition, University of Arizona Health Sciences Center, Safe Kids Yuma County, Tucson Fire Department, Arizona Center for Community Pediatrics, Governor's Council on Spinal and Head Injuries, Phoenix Baptist Hospital School Based Clinics, University of Arizona CODES Project.

Arizona Coalition on Adolescent Pregnancy and Parenting (ACAPP): OWCH collaborates with ACAPP to identify and share information regarding best practice strategies to prevent teen pregnancy. OWCH has worked with ACAPP to determine programming for new teen pregnancy funds awarded to ADHS, and to disseminate a parent guide developed by ACAPP.

Arizona Medical Association: A representative from OWCH sits on the Arizona Medical Association Committee on Maternal and Child Health Care as well as the Adolescent Health Community Advisory group. This group has received a grant and is currently working on a statwide action plan for improving adolescent access to appropriate health care. The OCSHCN Medical Director is an appointed member of the ArMA Maternal and Child Health Committee. OCSHCN staff participates on the ArMA, Maternal and Child Health Adolescent Subcommittee's Adolescent Health Community Advisory Group to create a state plan to address how adolescents access appropriate health care. OCSHCN oversees adolescent involvement with the Advisory Group to provide feedback on, and suggestions for the Adolescent Health Plan.

Arizona Adolescent Health Coalition (AAHC): OWCH collaborates with the AAHC to promote healthy adolescents and the reduction of high risk behaviors through the sponsorship of their annual conference, participation at their quarterly meetings and promotion of their training programs. OCSHCN attends bimonthly Board meetings to share information and have issues/concerns of youth with special health care needs included in the AAHC activities. OCSHCN contributes to the Arizona Adolescent Health Coalition's annual publication.

Healthy Start: A representative from OWCH sits on the advisory board and participates in strategic planning activities. OWCH provides maternal and child health data and technical assistance regarding outreach strategies to the Healthy Start Program. Healthy Start staff has been invited to participate in Health Start training workshops and other meetings related to child development and maternal health.

Arizona Asthma Coalition: OCSHCN participates in the Arizona Asthma Coalition and OCSHCN provides funding to develop and implement community-based programs to address the needs of children who have asthma. Through a contract with the American Lung Association, OCSHCN funds the Executive Director of the Coalition. OCSHCN participated and provided funding for the development the Comprehensive Asthma Control Plan for the State of Arizona.

Raising Special Kids (RSK): OCSHCN contracts with the local chapter of Raising Special Kids to facilitate of training sessions for residents from pediatric and family practice programs that include home visits with families with children/youth with special health care needs (C/YSHCN). Both organizations plan, conduct, and evaluate family-centered training and training materials for CRS staff, student nurses, and dental students. RSK participate in bi-annual CRS statewide conference planning and presentations. RSK staff (who are also parents of children with special health care needs) participate in ADHC/OCSHCN planning, program development, training activities, and any activities requiring family perspective.

Pilot Parents of Southern Arizona/Partners in Public Policy Making: Pilot Parents of Southern Arizona promotes the CRS Parent Action Council activities within the regional CRS clinic in Tucson by providing assistance in identifying and supporting parents and youth to participate in CRS activities. OCSHCN is working with Pilot Parents of Southern Arizona to recruit parents, youth, and self-advocate graduates to participate in various advocacy activities within OCSHCN.

Family Voices: Family Voices is a national, grassroots clearinghouse for information and education concerning the health care of children with information and education concerning the health care of children with special health needs. OCSHCN with Family Voices through participation in regularly scheduled regional calls, regional listservs and "FV Talk", and by attending Family Voices meetings.

Children's Action Alliance: Children's Action Alliance (CAA) is a non-profit, nonpartisan research, policy and advocacy organization dedicated to promoting the well-being of all of Arizona's children and families. Recently, CAA participated in an informal School Health Focus group that was facilitated by OCSHCN to discuss how the health needs of children and youth with special health care needs are being addressed in the school setting. /2007/OWCH funded CAA to do a time series analysis to assess the impact premium sharing increases made in the AHCCCS's KidsCare program enrollment. //2007//

BHHS Legacy Foundation: BHHS Legacy Foundation (BHHS Legacy) is an Arizona nonprofit charitable conversion foundation. OCSHCN has a grant from BHHS Legacy to assist children/teens with Traumatic Brain Injuries (TBI) and their families through cross agency intake and referrals for children/teen with TBI. There are additional joint projects to monitor the quality of services through surveys of children with TBI and their families, the development of clinical guidelines, and the development of public listings of resources and services available in Maricopa County related to TBI.

/2010/ Arizona Rural Women's Health Network: The Arizona Rural Women's Health Network is a new statewide network that coordinates and improves health outcomes for rural and underserved women in Arizona. The network primary focus areas are to: 1) assess needs of rural women in Arizona; 2) increase awareness and advocate for needs of rural women in Arizona; 3) gather and disseminate information on resources and services available for rural women in Arizona; and 4) provide networking opportunities among organizations that provide services for rural women in Arizona. The Bureau of Women's & Children's Health and the Bureau of Health Systems Development have been part of a core group of partners that have been working on the development of the network. Other partners include: Mogollon Health Alliance, Arizona Health Education Centers, North Country Health Care, Mariposa Community Health Centers, and the Arizona State Office of Rural Health at the University of Arizona College of Public Health.

Rocky Mountain Public Health Education Consortium: The mission of the Rocky Mountain Public Health Education Consortium is to build and maintain partnership among/between the public health workforce and universities to improve the health and well being of all women, children, and families through workforce development, and collaborative research, assessment, and evaluation. Consortium activities include an annual MCH institute, the MCH Certificate Program, distance learning opportunities, and collaborative research. In 2008, the Consortium provided a Title V Needs Assessment Workshop to its members, and also submitted an article about the Consortium to the Maternal and Child Health Journal. The Bureau Chief of Women's & Children's Health serves on the Executive Committee. Other Consortium members currently include but are not limited to: University of Arizona College of Public Health, Navajo Nation Division of Health, and other universities and MCH/OCSHCN directors in western states. //2010//

STATE SUPPORT FOR COMMUNITIES

Community Teams: OCSHCN works to develop parent-led, self-reliant, self-sustaining community organizations that can mobilize local, state, and federal resources to improve the quality of life for C/YSHCN and their families. Each community identifies its unique resources and issues impacting C/YSHCN and their families, and purposefully woks to improve the system of care within their community. The community is strengthened by recognizing and building upon local community capacities to care for children. The goal is to provide this program throughout Arizona; currently services are provided in Page, Prescott, Prescott Valley, Chino Valley, Bullhead City, Kingman, Somerton, San Luis, Gadsen, St. Johns, Springerville, Eager, Concho, Mesa, Flagstaff, and the Verde Valley (Cottonwood, Clarksdale, and Sedona).

Building on the success of the OCSHCN community development teams, parent leaders recommended expanding the Community Development model to all agencies serving children and youth in Arizona to the Governor and the Governor's Children's Cabinet. The statewide partnership includes representation from the Office of the Governor, Arizona Department of Economic Security, Arizona Department of Education, Arizona Department of Health Services (OCSHCN and Behavioral Health Services), Arizona Department of Juvenile Corrections, AHCCCS, as well as families working with or being served by these agencies.

/2010/ The Community Development Program was designed to provide resources to train parent leaders and develop community capacity. Due to changes in state procurement procedure in 2008 non-competitive individual purchase orders (POs) were no longer permitted. To replace individual PO's OCSHCN partnered with the Bureau of Women's and Children's Health and ADHS Behavioral Health Services to develop the Building Partnerships for Quality Care RFP. This RFP provides ADHS with a vehicle to see systems through the eyes of families, consumers and youth and enables those who have first hand experience with systems of care to have direct and meaningful input into the health systems, policies, and/or practices that affect service delivery. The Contractors for this RFP will provide a mechanism to include a diverse group of families, consumers and youth for ADHS time-limited and project specific work and will identify, support and train families, consumers and youth to provide expertise and involvement to ADHS based on first hand experiences with systems of care//2010//

F. Health Systems Capacity Indicators

Introduction

Over the past four years, the eligibility levels for enrollment in the state's Medicaid program and the State Children's Insurance Program (SCHIP) for children age 1-18 have remained the same.

/2009/ The eligibility levels for enrollment into AHCCCS decreased for pregnant women, from 140% FPL in 2002, to 133% FPL in 2003. However, eligibility levels for pregnant women

increased to 150% FPL in 2007. Eligibility levels for enrollment in SCHIP for pregnant women have remained at 200% FPL from 2002 through 2007. //2009//

For the Health Systems Capacity Indicators that were broken down by payor, the Medicaid population had worse outcomes than the non-Medicaid populations. Medicaid populations had higher percentages of low birth weight infants, lower percentages of women entering prenatal care in the first trimester, and lower percentages of women receiving adequate prenatal care.

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	35.6	29.1	27.4	28.1	28.1
Numerator	1533	1299	1323	1400	
Denominator	430549	446162	482344	499045	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Problems with hospital discharge data prevented reporting on this measure for 2002. Data for 2008 are not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data become available in the Fall of 2009.

Notes - 2007
Problems with hospital discharge data prevented reporting on this measure for 2002. Data for 2007 are not yet available. The estimate for 2007 is provisionally set at the 2006 rate until data become available in the Fall of 2008.

Notes - 2006
The provisional eastimate for 2006 was incorrect. The case population included children 1 to 6 years of age. The revised "final" estimate for 2006 includes only children 1 to 5 years of age. Problems with hospital discharge data prevented reporting on this measure for 2002.

Narrative:
The Bureau of Women's and Children's Health /2009/ (BWCH) //2009// has direct access to Hospital Discharge data to report on this measure. The Hospital Discharge data does not include Federal or Native American facilities. Over the course of the last two years, the Arizona Department of Health Services has made a concerted effort to improve the quality of the Hospital Discharge data including a series of data audits and enforcement of requirements to submit data. It is unknown what impact these changes in data management have had on asthma hospitalization rates.

Starting with calendar year 2004 data, Arizona also has access to emergency department data for analyses. Analysis of emergency department data will enhance the State's ability to track changes in primary care sensitive conditions such as asthma. /2009/ In previous years the rate for asthma related emergency department admissions per 10,000 children incorrectly included cases 1 to 6 years of age. The revised rates for asthma related emergency department

admissions per 10,000 children under age 5 were as follows: 2004: 105.0, 2005: 100.5, 2006: 95.6. //2009//

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	95.0	96.1	97.6	96.4	99.1
Numerator	51326	54373	56520	58301	58861
Denominator	54047	56587	57884	60473	59373
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Narrative:
The data source for HSCI 02 is the /2009/ HCFA 416 //2009//report. Data for the /2009/ HCFA 416 //2009// report is taken from medicaid encounters and eligibility/enrollment.

The health plans that contract with AHCCCS (Arizona's Medicaid program) conduct various interventions during the course of each year to increase EPSDT participation. Interventions include outreach to members and providers related to well visits, dental, TB and lead screening, immunizations and other preventive health services. The health plans monitor and evaluate the effectiveness of interventions and report to AHCCCS quarterly. Efforts are under way to work with the health plans to develop new and innovative interventions.

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	79.7	82.1	78.4	82.5	84.0
Numerator	484	517	580	721	646
Denominator	607	630	740	874	769
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Narrative:
The data source for HSCI 02 is the /2009/ HCFA 416 //2009//report. Data for the /2009/ HCFA 416 //2009//report is taken from Medicaid encounters and eligibility/enrollment. The health plans that contract with AHCCCS (Arizona's Medicaid program) conduct various interventions during

the course of each year to increase EPSDT participation. Interventions include outreach to members and providers related to well visits, dental, TB and lead screening, immunizations and other preventive health services. The health plans monitor and evaluate the effectiveness of interventions and report to AHCCCS quarterly. Efforts are under way to work with the health plans to develop new and innovative interventions

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	69.3	70.1	69.8	70.3	70.3
Numerator	64499	66943	70976	71865	
Denominator	93093	95486	101749	102246	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Data for 2008 are not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data become available in the Fall of 2009.

Notes - 2007
Data for 2007 are not yet available. The estimate for 2007 is provisionally set at the 2006 rate until data become available in the Fall of 2008.

Notes - 2006
Data for 2006 are not yet available. The estimate for 2006 is provisionally set at the 2005 rate until data become available in the Fall of 2007.

Narrative:
/2009/ BWCH utilized 2006 //2009//birth certificate data to report on the Kotelchuck index. The fields used to perform a Kotelchuck analysis include month prenatal care began and number of prenatal visits. Both of these fields are self reported and as such may have reliability issues. Kotelchuck index results appear to be similar in Arizona to national figures.

/2009/ The percent of women with adequate prenatal care utilization on the Kotelchuck index varied widely by county, from a low of 45% of women in Greenlee County to a high of 82% in Cochise County. //2009//

A survey of low-income postpartum women conducted in an urban area of Maricopa County in 2006 (Friendly Access) revealed that for those women who did not receive adequate prenatal care, lack of money or insurance was the primary reason cited for the delay or lack of care.

An analysis of the 2006 birth certificate file demonstrated that the percentage of women who entered prenatal care in the first trimester varies by county. The percentage of women entering prenatal care in the first trimester by county is as follows: Apache 61%, Cochise 85%, Coconino 80%, Gila 68%, Graham 72%, Greenlee 72%, La Paz 62%, Maricopa 80%, Mohave 79%, Navajo

70%, Pima 73%, Pinal 77%, Santa Cruz 69%, Yavapai 71%, and Yuma 62%. Overall, 78 percent of women delivering a baby in 2006 began prenatal care in the first trimester in Arizona.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	72.6	73.7	74.5	74.7	76.8
Numerator	402079	424014	432605	434205	468812
Denominator	553763	575577	580568	581632	610091
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Narrative:
/2009/ BWCH //2009// obtains data for HSCI 07A from AHCCCS. Because we do not know the denominator for potentially Medicaid-eligible children, Arizona reports the percent of Medicaid enrolled children who have received a Medicaid-eligible service for this measure. The measure reported is the total number of Medicaid members age 1-20 with at least one paid service during the reporting year divided by the total number of members age 1-20 eligible for Medicaid at any time during the reporting year. A single point-in-time estimate of the potentially eligible population is actually smaller than the number of service recipients yielding a result of over 100%.

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	49.2	45.5	54.1	56.6	59.6
Numerator	56991	54909	66522	71063	80349
Denominator	115746	120763	122975	125470	134811
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Narrative:
Data for HSCI 07B is obtained through the HCFA 416 form provided to the maternal and child health program by AHCCCS. The Office of Oral Health provides referrals to high-risk children to ensure that they receive dental services.

The percent of EPSDT eligible children aged 6-9 years who have received any dental services

during the year has continued to improve. In 2005 the ADHS dental sealant program placed sealants on 1825 EPSDT qualified children aged 6-9 years. In 2006,1882 eligible children received this dental care.

The program is increasing funding thus supporting the expansion of the dental sealant program. In 2005 the program served 5 counties, in 2006 ADHS was in 6 counties and in 2007 we are expanding to two new counties.

Arizona is tied for the 3rd highest decay rate in K-3rd graders and has a dental workforce shortage in a lot of the same areas. Some of the unmet need is being met by out of state, for profit mobile dental companies who are providing services in underserved, high need areas.

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	58.1	58.9	43.1	42.4	42.4
Numerator	8849	8945	6627	6732	6732
Denominator	15230	15189	15392	15891	15891
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Statistics are reported for 2007, and will be replaced with data from 2008 before block grant submission.

Notes - 2007
The measures for 2004 and 2005 contained duplicate members. The 2006 and 2007 measures are unduplicated.

Notes - 2006
The measures for 2004 and 2005 contained duplicate members. The 2006 measure is unduplicated.

Narrative:
What appears to be a drop in getting SSI recipients to services in 2006 in part reflects an improvement in reporting capability. Previous numbers contained duplicate members, who may have changed their eligibility status in Children's Rehabilitative Services Program during the contract year.

OCSHCN sends information to SSI applicants and an SSI coordinator enters referral information into a database. Applicants are referred to programs, such as Children's Rehabilitative Services, Community Nursing, OCSHCN care coordination programs, and Arizona Early Intervention Program. A desktop protocol was developed to guide this process. OCSHCN works with the Birth Defects Registry, High Risk Perinatal program, the Newborn Screening Program and state

school nurse organizations to inform families about CRS eligibility, and supports the BWCH Children's Information Services Hotline, providing education to its staff on services and programs for CYSHCN.

OCSHCN has not achieved its objective to link databases across programs for the purpose of tracking progress. To date, BWCH and OCSHCN have not yet developed an automated process through the SSDI initiative to link Newborn Screening Program data to data in the Children's Rehabilitative Services database first because of an inability to identify a qualified job applicant for the position of SSDI epidemiologist, and later due to a statewide agency hiring freeze.

CRS has revised Administrative Rules to simplify the eligibility process. An in-person medical evaluation to verify the presence of a CRS eligible condition is no longer needed if sufficient documentation is provided with the referral. For applicants already enrolled in AHCCCS, only documentation of a CRS eligible medical condition is required.

OCSHCN collaborates with BWCH Community Nursing on children ineligible for other care and at risk for developmental delay and provides care coordination for TBI/SCI in home and community settings. Children and teenagers with traumatic brain injuries their families, and professionals are provided information, resources and assistance with accessing services. Help with navigating multiple service delivery systems including transition to adult services is also provided.

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of low birth weight (< 2,500 grams)	2007	payment source from birth certificate	7.4	6.8	7.1

Narrative:
/2009/ The percent of infants weighing less than 2,500 grams rose slightly from 6.9 percent in 2005 to 7.1 percent in 2006. This increase was seen in both Medicaid (from 7.2 to 7.5) and non-Medicaid births (from 6.6 t 6.7). //2009//

Results of the PPOR analysis indicate that many of the excess infant deaths occur during the prematurity/maternal care and maternal health peroids. Decreasing deliveries of low birth weight infants would improve outcomes in both of these periods. /2009/ BWCH //2009// has utilized the PPOR results to guide program activities geared towards decreasing low birth weight deliveries and infant deaths.

BWCH has implemented an internal preconception care workgroup to address low birth weight and prematurity. The goals of the workgroup are to develop strategies for increasing awareness of the importance of preconception health among medical providers and the general public and to integrate preconception care into existing BWCH programs. /2009/ The monthly internal preconception care meetings have included presentations on training opportunities within the state for various preconception care topics in order to identify resources for contractors as they look at integrating preconception care at the local level. There have been presentations on available training related to smoking cessation, improving nutritional behaviors and mental health resources. The High Risk Perinatal Program (HRPP) Community Nursing component had planned to implement a pilot project in Yavapai County to provide preconception care visits in addition to visits focused on the NICU graduate. Due to a change in senior management at the

Yavapai County Health Department, the pilot project was not implemented. The Maricopa County HRPP Community Health Nursing program is working with the Maricopa Integrated Health Systems (MIHS) to identify their role in providing interconceptual care to the mothers of the HRPP enrolled baby. MIHS received a grant from the local March of Dimes chapter to develop and implement an internal care program based on the Grady Memorial model. The grant will work with HRPP mothers who delivered at the Maricopa Medical Center, a public hospital.

Efforts are continuing on integrating preconception care into other BWCH programs as appropriate. The County Prenatal Block Grant program added a focus on preconception care in the policy and procedure manual and the program manager is monitoring those activities during site visits. The Family Planning Program has revised the health assessment form to group topics related to preconception care in one area of the form. The revised forms will be distributed during a contractor's meeting in June. The Health Start Program is in the process of revising the home visiting forms to capture education provided to clients on preconception care topics and to capture any referrals made in response to an identified health risk. The Health Start data base will also be revised to allow for the collection and reporting of this information. //2009//

The workgroup also identified working with the Department of Education as an important strategy for reaching youth with the message of preconception care. A /2009/ BWCH //2009// Health Educator has a very close working relationship with Department of Education staff and sits on a school health standards committee. This person will also take the lead in identifying or developing educational materials on the importance of preconception care for health care professionals and the general public.

/2009/ The Bureau has been participating on conference calls with Florida state's Every Woman, Every Time workgroup. The workgroup is revising the original educational packet developed by California and while other states were also reportedly interested in using California's materials there has not been a coordinated effort to share resources on a broad basis. Once Florida has finalized their educational packet, the Bureau will convene an external workgroup to modify it for use in Arizona. //2009//

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Infant deaths per 1,000 live births	2007	other	0	0	6.8

Notes - 2010
Mortality data is not available by payer. Data source is death certificates.

Narrative:
Infant death statistics in Arizona are not available by payer.

To better target interventions that will improve Arizona's ability to reduce preventable infant and fetal deaths, the state has been conducting Perinatal Periods of Risk (PPOR) analysis on an annual basis. PPOR analysis is one of the activities defined in Arizona's State Systems Development Initiative plan. ADHS uses PPOR results better target prevention activities and to

guide funding decisions related to reducing preventable infant deaths.

The most recent PPOR analysis of the 2000 to 2003 birth cohort found that overall, 32 percent of fetal and infant deaths in Arizona were found to be preventable. Excess infant deaths are fairly evenly divided among the maternal health/prematurity period, the maternal care period, and the infant health. The conclusion from the state-wide analysis is that, in order to reduce preventable infant mortality, our prevention efforts should be focusing on preconception (and interconception) care, prenatal care, safe sleep, breastfeeding, and other interventions that are proven to be successful during these three periods. However, subgroup analysis showed that some populations have different patterns of excess infant death than the state as a whole. For instance, in the African American population, the period with the highest excess death rate is the maternal health/prematurity period (4.3 per 1,000 fetal deaths and live births) while in the American Indian population, the period with the highest excess death rate is the infant health period (2.5 per 1,000). In addition to being used to guide prevention efforts within the Department, the results of these analyses were shared with stakeholders and partners to encourage them to utilize the information to guide prevention strategies.

/2009/ BWCH //2009// is using these results to work with pograms to integrate preconception care as appropriate. One example is that the Health Start program is moving towards a stronger emphasis on preconception and interconception care. BWCH will also be working with the Arizona Department of Education to integrate preconception care into health classes/health standards.

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2007	payment source from birth certificate	68.4	87.8	77.6

Narrative:
The percent of women entering prenatal care in the first trimester /2009/ remained at 77.7% for 2006 . Although the percent of women entering prenatal care in the first trimester increased for those women whose births were paid by Medicaid, there was a disparity for prenatal care between the Medicaid (71.8%) and non-Medicaid (90.2%) populations. //2009//

Eligibility levels for Medicaid and SCHIP remained unchanged in 2005. Changes in poverty level for eligibility in AHCCCS and SCHIP rest with the Medicaid agency (AHCCCS), the legislator and the public. Historically, changes in poverty levels for Medicaid eligibility have been generated as the result of voter propositions. BWCH works with our partners who support increasing poverty levels for Medicaid eligibility and will provide data as appropriate.

The Pregnancy and Breast Feeding Hotline is a statewide, bilingual service that has been sponsored by the Arizona Department of Health Services (ADHS) since April 1988. The Hotline's mission is to ensure the health, safety, and well being of pregnant women and their families through community based, family centered, and culturally sensitive systems of care. One of the

many services that the Hotline provides is to assist Arizona's Medicaid program, the Arizona Health Care Cost Containment System (AHCCCS), with pre-screening for the Baby Arizona Program. Baby Arizona is a program that helps pregnant women begin the important prenatal care they need by providing a simple, faster way to get health care before the application process for AHCCCS health insurance is complete.

A woman will call the Hotline at 1-800-833-4642 stating that she thinks she is or knows she is pregnant. Hotline staff will ask if she is interested in completing a pre-screening for Baby Arizona. If she says yes, the Hotline representative will ask a series of questions that will provide potential eligibility. If the woman is potentially eligible she will be given the name and address of three Baby Arizona providers in her community. The woman will select one of the providers and schedule an appointment. At the first appointment the woman will be asked to complete a Baby Arizona application and will have her first prenatal visit. The Provider's office will submit the application paperwork to the Department of Economic Security (DES) and will await notification of eligibility. If the woman is determined eligible she will continue with that provider through delivery and AHCCCS will pay the bills. If she is determined in-eligible she can still continue her visits with the provider but she and the provider will need to work out a reasonable payment plan. If during the pre-screening process the woman appears ineligible, the Hotline representative will provide information on low cost care available in the woman's community. If program eligibility is too difficult to determine, the woman will be encouraged to apply at DES directly.

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2007	payment source from birth certificate	61.9	79.4	70.3

Narrative:
The data source for HSCI 05D is birth certificate data. /2009/ BWCH //2009//has direct access to this data. The percent of women with adequate prenatal care in both the Medicaid and non-Medicaid populations is similar to point estimates reported in the 2005 Medicaid and non-Medicaid populations.

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 **The percent of poverty level for eligibility in the State's**	**YEAR**	**PERCENT OF POVERTY LEVEL**

Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.		**Medicaid**
Infants (0 to 1)	2008	140
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Infants (0 to 1)	2008	200

Narrative:
Eligibility levels for Medicaid and SCHIP remained unchanged in /2009/ 2007 //2009//. Changes in poverty level
for eligibility in AHCCCS and SCHIP rest with the Medicaid agency (AHCCCS), the legislator and the public. Historically, changes in poverty levels for Medicaid eligibility have been generated as the result of voter propositions. /2009/ BWCH //2009// works with our partners who support increasing poverty levels for Medicaid eligibility and will provide data as appropriate.

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Medicaid Children (Age range 1 to 6) (Age range 6 to 18) (Age range to)	2008	 133 100
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Medicaid Children (Age range 1 to 18) (Age range to) (Age range to)	2008	 200

Narrative:
Eligibility levels for Medicaid and SCHIP remained unchanged in /2009/ 2007 //2009//. Changes in poverty level
for eligibility in AHCCCS and SCHIP rest with the Medicaid agency (AHCCCS), the legislator and the public. Historically, changes in poverty levels for Medicaid eligibility have been generated as the result of voter propositions. /2009/ BWCH //2009// works with our partners who support increasing poverty levels for Medicaid eligibility and will provide data as appropriate.

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Pregnant Women	2008	150
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP**	**YEAR**	**PERCENT OF POVERTY LEVEL**

programs for infants (0 to 1), children, Medicaid and pregnant women.		**SCHIP**
Pregnant Women	2008	200

Narrative:
Eligibility levels for SCHIP remained unchanged in 2006. /2009/ Eligibility levels for Medicaid increased from 133% to 150% of the poverty level //2009//. Changes in poverty level for eligibility in AHCCCS and SCHIP rest with the Medicaid agency (AHCCCS), the legislature and the public. Historically, changes in poverty levels for Medicaid eligibility have been generated as the result of voter propositions. /2009/ BWCH //2009// works with our partners who support increasing poverty levels for Medicaid eligibility and will provide data as appropriate.

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	**Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)**	**Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)**
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	2	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

Notes - 2010

Narrative:
/2009/ BWCH //2009//submitted an application for the upcoming State Systems Development Initiative (SSDI) cycle. For the 2006 through 2011 cycle of SSDI, the program proposed using SSDI funding to 1) establish and implement protocols for linking newborn

screening data with birth, infant death, and data from the Arizona School for the Deaf and Blind, 2) establish and implement a protocol for linking newborn screening and Children's Rehabilitative Services data, 3) utilize Arizona Births Defects Registry data to enhance stillbirth, infant death and childhood death reports, 4) establish and implement a protocol for linking birth certificate data with data from Women, Infants and Children (WIC), and 5) refine the methodology for linking birth and infant death data. A key element of the upcoming SSDI will be a communication cycle in which reports provided from the linked datasets are reviewed by stakeholders and revised based on their input.

/2009/ The Arizona Birth Defects Registry will have complete data for 2001-2006 in the fall of 2008. This data will be linked to Birth and Death Certificate data from Vital Statistics in effort to fulfill an objective of the SSDI grant initiative. //2009// The Hospital Discharge data collection rules are currently being revised. One of the proposed revisions will include the collection of the fourth-digit of the revenue code, which for infants indicates the level of care that an infant receives while in the hospital. This revision will enable /2009/ BWCH //2009// to be able to identify infants who were admitted to the Neonatal Intensive Care Unit. The ability to identify these infants will greatly enhance the ability to evaluate the Neonatal Intensive Care Program, and to ensure that every infant who spends at least 72 hours in the NICU is enrolled in the NICP program.

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes

Notes - 2010

Narrative:
The Arizona Department of Education began implementing the Youth Risk Behavior Survey during the 2002/2003 school year, and also participates in the Arizona Youth Tobacco Survey and the Arizona Youth Survey. The maternal and child health program has direct access to the YRBS through a data share agreement. Staff from the maternal and child health program participate in the Inter-Agency Survey Coordination Committee. Members of this committee have worked together to coordinate timing and administration of the Youth Risk Surveillance Survey, the Youth Tobacco Survey and the Arizona Youth Survey to reduce the burden on school districts of responding to multiple surveys.

IV. Priorities, Performance and Program Activities

A. Background and Overview

BWCH continues to follow the method it defined after the year 2000 needs assessment for identifying and prioritizing the needs of women and children in Arizona. The goal of this method is to create a participatory process that is easily articulated and strategic in nature, resulting in funding decisions that have the best chance of making an impact on the health of the maternal and child health population. The BWCH strategic planning process is used to accomplish three goals: 1) identify the health needs of women and children, 2) allocate funding to address the needs and 3) evaluate the effectiveness of those efforts.The BWCH strategic plan, which is available at the BWCH web site, identifies two priority areas: to reduce mortality and morbidity of the maternal and child population; and to increase access to health care. The plan also identifies the need to decrease health disparities as an overarching priority. The functions of the various office sections are specified within the plan. These priorities and related measures are chosen by a multi-step process: 1) reviewing data to identify the most significant issues; 2) excluding those issues already being addressed by another entity within the state; and 3) determining those issues that most likely could improve with a targeted effort. The plan is used to make funding decisions and to establish staff priorities. State priorities resulting from this strategic plan are presented in section IV.B. of this document.

B. State Priorities

Through a series of public meetings and other communications related to the five-year needs assessment process, priorities were established that the community and the Title V agency jointly identified as important and that are within their capability to address.

Many issues were raised during public input sessions that affect the health and well being of the maternal-child health population that are beyond the scope of Title V services. For example, affordable housing, general educational attainment, opportunities for economic and social activities for youth, and parental involvement with their own children were all recognized as important contributing factors to women's and children's health. The themes of home, school, and neighborhood environments may not be specifically reflected in the top priorities identified, however opportunities to work with schools, parents, and the larger community on issues that affect health will continue to permeate programmatic activities and remain top priorities in themselves.

PRIORITY 1: REDUCE TEEN PREGNANCY AND INCREASE WOMEN'S ACCESS TO REPRODUCTIVE HEALTH SERVICES

A recurrent theme that was heard at each of the public input sessions was that there is a need for enhanced teen pregnancy prevention, sexuality education, and family planning services to prevent unwanted pregnancies and sexually transmitted diseases. Teen pregnancy was seen as important both as an outcome and as a cause. In addition to the consequences that pregnancy has for the teenager's health and life chances, babies born to teenagers are less likely to get a healthy start at life. There was a recognition that services should be aimed both at delaying the onset of sexual activity as well as supporting responsible choices among sexually active teens.

Family planning for women of all ages plays an integral role in bolstering the health and well being of both women and children. In fact, during public input sessions, a WIC director from one of the American Indian tribes stated that spacing of children was the most important nutrition issue they faced. In addition, the ability to plan pregnancies helps women gain flexibility in education and employment opportunities.

$2 million in lottery funds will be aimed at teen pregnancy, and another $2 million in state and federal dollars will be directed specifically towards abstinence education. Community-based

programs are being piloted in two communities with the highest teen pregnancy rates. $1 million of Title V funds are being spent on family planning, and OWCH initiated the Family Planning Coalition, which has been in operation for about 4 years.

/2007/ The state budget for FY07 included a $500,000 increase for the Abstinence Program resulting in a total of $1.5 million in state funds dedicated to abstinence beginning July 2006. //2007//

/2008// Lottery dollars are used to fund several comprehensive sexual education projects throughout Arizona. In 2007 BWCH worked with the Navajo Nation and Inter Tribal Council of Arizona to develop new teen pregnancy projectsamong the tribes. Also in 2007 a parent education campaign is launching as well as pilot projects serving youth in the juvenile justice system. //2008//

/2009/ Arizona will not apply for federal FY09 abstinence funding, and the state legislature did not include any state funding for abstinence in the state FY09 budgets. Budget cuts also resulted in the loss of some of the lottery-funded comprehensive sexual education projects. //2009//

/2010/ The Abstinence Education Program continued in 2008 and 2009 through the use of remaining federal FY08 abstinence dollars. Funded organizations implemented youth development projects, and provided the matching dollars to meet the federal match requirements. With Governor Jan Brewer's leadership, Arizona applied for the available federal FY09 Abstinence Education grant in the spring of 2009. //2010//

PRIORITY 2: REDUCE OBESITY AND OVERWEIGHT AMONG WOMEN AND CHILDREN

Maintaining a healthy weight through healthy eating patterns and physical activity is a critical component of chronic disease prevention. Over the last decade, strides have been made in increasing the level of physical activity and healthy eating. However, obesity has reached epidemic proportions, affecting all regions and demographic groups.

Being overweight during childhood can carry life-long health consequences. Risk factors for heart disease, such as high cholesterol and high blood pressure, occur with increased frequency in overweight children and adolescents, and type 2 diabetes, which was previously considered to be an adult disease, has increased dramatically in children and adolescents.

OWCH focuses community grants for women's health on healthy weight in women, and partners with the Office of Chronic Disease and Nutrition, including participation in developing a statewide obesity plan and sponsoring Women's Health Week to promote healthy lifestyles. Promoting Lifetime Activity for Youth, or PLAY, promotes 60 minutes of daily independent physical activity in 4th through 8th grade.

PRIORITY 3: REDUCE PREVENTABLE INFANT MORTALITY

Although infant mortality in Arizona has declined, disparities remain in the rates of death among various subgroups of the population. African American, American Indian, and Hispanic infants die at higher rates than White infants, as do infants born to less educated women and teens. While not all infant mortality can be prevented, disparities suggest that interventions directed at excess mortality within high-risk populations provide an opportunity for further progress.

The Office of Women's and Children's Health used the CDC Periods of Risk Model to analyze infant and fetal deaths in Arizona. Excess deaths were analyzed to estimate the proportion of infant deaths that were preventable, and to associate deaths with periods of risk in order to effectively target interventions within high-risk populations. Resources will be directed towards preconception and maternal health. Good nutrition, physical activity, and reducing risk behaviors

such as smoking and alcohol use will be promoted for all women of childbearing age. Because a high proportion of deaths were associated with the postneonatal period (after the first month of life through the first year), interventions will emphasize promoting breastfeeding, proper sleep positions, preventing and diagnosing infection and injury, recognition of birth defects and developmental abnormalities, and prevention of sudden infant death syndrome.

/2007/ OWCH is developing a preconception health initiative and is piloting an educational project with the Black Nurses Association. //2007//

/2009/ The Bureau of Women's & Children's Health is integrating preconception health into existing programs. //2009//

/2010/ The Bureau of Women's & Children's Health received a 1st Time Motherhood Grant from HRSA. The focus is on reducing infant mortality among African Americans through social marketing of preconception health, promotion of existing programs, and community development. //2010//

PRIORITY 4: REDUCE THE RATE OF INJURIES, BOTH INTENTIONAL AND UNINTENTIONAL

For many years, Arizona's injury mortality has exceeded national rates. Injuries, both intentional and unintentional, are among the leading causes of death among children of all ages and women of childbearing years in Arizona. In addition, nonfatal injuries account for a high volume of both inpatient hospitalizations and emergency outpatient visits. The impact of injuries is felt by more than the just the person who is injured. Injuries also affect families, schools and employers. The Arizona Department of Health Services has developed a state injury surveillance and prevention plan.

OWCH has been designated as the agency lead for injury prevention. A new CDC grant was awarded to the office, which will fund a full-time injury epidemiologist and half-time administrative assistant to focus on injury. A statewide injury plan will be updated by the end of December, 2005. In addition, community grants focus on preventing motor vehicle crashes, and other programs will contribute to the reduction of both intentional and unintentional injury (e.g., Safe Kids, Domestic Violence and Rape Education, Child Care Consultation, and participation on the State Agency Coordination Team).

/2007/ The Rural Safe Home Network funds programs to provide temporary, emergency safe shelter and related services to victims of domestic violence.

The Rape Prevention and Education program supports communication, coordination, and collaboration among contractors and with other organizations involved in rape prevention and sexual assault services. Contractors use a variety of methods to convey rape prevention messages including classroom presentations, peer mentoring/education, teen theater productions, long-term/on-going interaction with at-risk youth, workshops and trainings, social marketing, and student coalitions.

The Child Fatality Review Program coordinates the activities of 13 local teams comprised of volunteers with roots in their communities. Team compositions reflect the diversity of the populations they serve.

OWCH is working with Prevent Child Abuse Arizona to conduct a statewide Never Shake a Baby initiative. //2007//

/2008/ BWCH hosts an annual injury prevention symposium. The 2006 sumposium was focused on policy, and the focus for /2009/ 2007 //2009//is burden of injuries on businesses. The Injury prevention program is organizing a challenge among high schools to improve seat belt usage.

//2008//

/2009/ The Sexual Violence Prevention & Education Program launched a strategic planning process to develop a statewide sexual violence prevention plan. //2009//

/2010/ Last year Rural Safe Home Network programs provided 14,107 shelter nights to 472 women, 747 children and 7 men. Programs provided 1,465 batterers intervention services, and 3,085 hours of domestic violence training and prevention services to 23,672 participants. Between November 1, 2007 and October 31, 2008, the Sexual Violence Prevention & Education Program provided primary sexual violence prevention educational sessions or events to 27, 808 people in Arizona. //2010//

PRIORITY 5: INCREASE ACCESS TO PRENATAL CARE AMONG MEDICALLY UNDERSERVED WOMEN

Prenatal care is an opportunity to identify risks and mitigate their impact on pregnancy outcomes through medical management. Prenatal visits also offer an opportunity for education and counseling on proper nutrition and risk factors, such as smoking and alcohol use during pregnancy. Prenatal care is more effective when women enter care early in their pregnancy.

Although there has been an upward trend in the proportion of women receiving prenatal care in their first trimester of pregnancy, Arizona continues to lag behind the rest of the nation. The proportion of women who enter prenatal care early in their pregnancies varies in Arizona by race, ethnicity, education, source of payment for delivery, and geographically. Recommendations at each public meeting were made to increase funding to the Health Start Program, which is a program to identify women early in their pregnancies and get them into prenatal care.

In addition to the Health Start Program, OWCH facilitates entry into prenatal care through its Pregnancy and Breastfeeding Hotlines. OWCH is also participating in the revitalization of Baby Arizona, which is a presumptive eligibility program to encourage physicians to serve pregnant women before their eligibility is confirmed.

/2007/ The Office of Women's and Children's Health will be geo-mapping Baby Arizona Providers over the Arizona medically underserved areas to identify areas lacking providers. The Health Start Program identifies women early in their pregnancies, facilitates their entry into prenatal care, and supports families throughout the pregnancy and the postpartum period. The program identifies natural community leaders and recruits them as lay health workers who live in and reflect the ethnic and cultural characteristics of their communities. //2007//

/2009/ The Bureau of Women's & Children's Health is working with the state Medicaid agency, AHCCCS, and the March of Dimes to enhance promotion of Baby Arizona, the presumptive eligibility program that facilitates pregnant women receiving access to prenatal care prior to the Medicaid application being finalized. //2009//

PRIORITY 6: IMPROVE THE ORAL HEALTH OF CHILDREN, ESPECIALLY AMONG HIGH RISK POPULATIONS

United States Surgeon General David Satcher dubbed dental disease the "silent epidemic," yet it is preventable with early intervention and the promotion of evidence-based prevention efforts like dental sealants. In an effort to improve the health and well being of children, it is imperative that interventions be targeted at preventing dental disease, especially in high-risk children. Concern about oral health was expressed at each public meeting. In fact, oral health was identified as the number one issue for one of the Indian Tribes, according to a review of medical records.

Title V Block Grant funds support the Office of Oral Health in providing sealants, exams, and referrals to high-risk children, as well as the flouride mouth rinse program. Title V funds also

support continuing education courses to WIC educators and other community health providers and Office of Oral Health efforts in working with medical professionals on early recognition, prevention, and referral for dental needs.

/2007/The Office of Oral Health (OOH) identified communities with below optimal levels of water with fluoride and offered a school based fluoride mouth rinse program. 21,448 children received intervention. OOH provided a conference to targeted communities on water fluoridation//2007//. ***/2010/ The OOH is conducting a dental sealant indicator survey of 8,000 3rd grade children statewide. //2010//***

/2009/ The Bureau of Health Systems Development and Oral Health provides an evidence-based sealant program that is expanding to 9 counties with an emphasis on increasing student participation as well as numbers of participating schools. //2009//

PRIORITY 7: INTEGRATE MENTAL HEALTH WITH GENERAL HEALTH CARE

Widespread concern was expressed at every public input meeting about the need to integrate mental and physical health care. Mental and behavioral health screening of women and children in general, and for postpartum depression in particular were consistent themes. It is important for primary care providers to be aware of both screening and treatment options.

An initial meeting was held between OWCH and the ADHS Behavioral Health Division to talk about strategies to educate providers on screening and referral for mental and behavioral health issues for both women and children. OWCH provides funds for developmental care in hospitals and participates in an infant mental health interagency work group and in the formation of a new postpartum depression group. OWCH is also supporting an integrated services model grant to integrate mental and physical health screening and services.

/2007/The Office of Women's and Children's Health continued collaborative efforts with Mountain Park Health Center on the Physical and Behavioral Health Integration Project, which is a planning grant to develop a model to integrate behavioral health care with pediatric care.

OWCH will partner with ADHS Division of Behavioral Health to promote maternal and child mental health, behavioral health, drug and alcohol use screening; promote mental health and behavioral health screening among OWCH partners; increase awareness among partners and the community about mental and behavioral health issues; identify and partner with agencies and organizations involved in maternal and child mental/behavioral health issues. //2007//.

/2008/ In 2006, the BWCH High Risk Perinatal Program began requiring community nurses to conduct post partum depression screening at early home visits. BWCH is working with the Division of Behavioral Health to provide training to MCH programs about the behavioral health syste. HRSA conducted a strategic partnership session among the major Arizona HRSA grantees in 2007. The session has resulted in a new collaboration among the grantees regarding the integration of behavioral health. The grantees identified behavioral health as an issue all were concerned about and interested in working on together. //2008//.

/2009/ BWCH was awarded funding through Northrup Grumman to integrate screening for alcohol use into an existing MCH program, Health Start. The program is using an evidence-based screening tool among pregnant women, providing brief intervention, and making referrals for treatment. //2009//

/2010/ BWCH was awarded $900,946 annually for five years for Project LAUNCH, a new SAMSHA program designed to promote the wellness of young children ages birth to 8 years of age, including behavioral health. //2010//

C/YSHCN PRIORITIES

The data gathered from numerous sources pointed to the fact that C/YSHCN and their families have many unmet or partially met needs. These needs were for specific services and for system changes to allow better access to services. However, there were also more ephemeral needs such as the need to have a provider understand the culture of the family, to speak the language of the family, and to engage the family as a partner in the decision making process. Not all of the needs delineated by the survey data, the focus groups, and other information are incorporated into the priority needs. Many of the needs for specific services will be addressed through the Specialty Care subcommittee of the Integrated Services grant and still other issues will be part of the office's strategic plan for 2005-2010.

The determination of the priority needs for Arizona's C/YSHCN was achieved through a group consensus of the Needs Assessment Planning Group after reviewing the data from the NSCSHCN, the focus groups, and the provider community. While they all agreed there were many specific service and coordination needs, there was very little OCSHCN could do to directly impact those needs. The group decided to address the needs from more of a systems approach that would focus interventions on education of providers as well as the families of C/YSHCN. The following three statements of need are the result of that consensus.

PRIORITY 8: INCREASE THE ACCESSIBILITY AND AVAILABILITY OF INDIVIDUALIZED HEALTH AND WELLNESS RESOURCES FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS IN ARIZONA.

PRIORITY 9: INCREASE THE AVAILABILITY OF A COHESIVE AND STABLE CONTINUUM OF RESOURCES WITHIN A MEDICAL HOME THAT INCLUDES AN IMPROVED QUALITY OF LIFE APPROACH.

PRIORITY 10: INCREASE THE RECOGNITION OF FAMILIES AS INTEGRAL PARTNERS IN THE CARE OF THEIR CHILD'S HEALTH AND WELLBEING./2009/This priority is tracked using data from NPM #2.//2009//

The priorities outlined above will be reflected in the Title V agency's strategic plans and block grant applications over the next five years. Progress will be tracked using a combination of national performance measures, which are required by all states, and new state-defined measures, which reflect Arizona priorities. Details on newly defined state performance measures can be found in the 2006 Title V Block Grant Application accompanying this needs assessment. Subsequent applications will report on the actual measures and discuss accomplishments, activities and plans related to them.

/2008/
Because of the identified need to clarify systems of care and facilitate linking children and youth with appropriate services, OCSHCN is refocusing two of its priorities.

NEW PRIORITY 8: EDUCATE FAMILIES, PROVIDERS, AND CHILD-SERVING AGENCIES ON ELIGIBILITY RULES AND PROCESSES FOR ACCESSING SERVICES.

OCSHCN will target education efforts within its own agency by training OWCH Hotline staff, Neonatal Intensive Care Program staff and Community Nursing staff on eligibility rules and coverage of programs within OCSHCN and other agencies. OCSHCN will also develop resources to train AHCCCS and other providers, hospital discharge planners, families, and eligibility workers within other agencies. The OCSHCN website and e-learning system will be expanded to include trainings on navigating the systems of care for CSHCN.

NEW PRIORITY #9: INCREASE ACCESS TO AVAILABLE AND APPROPRIATE SERVICES

FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS.

Through the SSDI grant, BWCH and OCSHCN are defining processes to identify newborns who test positive through the state's Newborn Screening Program and refer them to appropriate staff within both offices and facilitate their enrollment into programs for care coordination and direct medical services.

To track progress on new priorities 8 and 9, BWCH and OCSHCN are collaborating to define a new state performance measure, which will track the percent of children identified through the newborn screening process who receive services through an BWCH or OCSHCN program. //2008//

/2009/BWCH and OCSHCN did not develop a process through the SSDI Initiative to link newborn screening data to the CRS database first because of the inability to identify a qualified job applicant for the SSDI epidemiologist position and later due to a statewide hiring freeze. OCSHCN developed SPM#8 to measure priorities 8 and 9.//2009//

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	75	80	79	85	93
Denominator	75	80	79	85	93
Data Source					AZ Office of New Born Screening
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	100	100	100	100	100

a. Last Year's Accomplishments

The Office for Children with Special Health Care Needs (OCSHCN) provided follow up education to families of newborns identified with sickle cell disease and with positive screens for other hemoglobin traits. OCSHCN provided education to pediatric hematologists on how to get newborns with positive screens into healthcare.

In September 2008 the Office of Newborn Screening merged with the Bureau of State Laboratory Services and is now able to provide transparent continuity of care for all newborn screens. Services, beginning with the receipt of a blood spot card, through case management follow up services, demographics entry, and up to diagnosis, are completed in the same location.

The Newborn Screening Program reported 96,963 initial bloodspot screens and 87,503 second screens in 2008 (preliminary). Of those screened, 93 were diagnosed with clinically significant disorders, including 51 cases of primary congenital hypothyroidism; 7 cases of congenital adrenal hyperplasia (CAH); 1 case of biotinidase deficiency; 2 cases of classic galactosemia; 6 cases of sickle cell anemia and 1 case of hemoglobin SC--both hemoglobinopathies; 1 case of homocystinuria; 2 cases of classic phenylketonuria; 1 case of citrullinemia; 4 cases of medium chain acyl-CoA dehydrogenase deficiency (MCADD); 1 case of carnitine update deficiency; 1 case of 3-methylcrotonyl CoA carboxylase deficiency (3MCC), and 14 cases of cystic fibrosis (CF). This year was the first full year of CF screening. Through a partnership with the statewide CF centers, each baby with abnormal results was referred for further evaluation and testing. The Newborn Screening program located 100% of affected infants who had screen results suggestive of target diseases.

The Newborn Screening Advisory committee, including stakeholders, parents, and clinicians, met in April 2008 to discuss the current panel of disorders (29) including hearing screening. The committee reviewed data, discussed possible statute changes and agreed to meet yearly in the future.

Licensed midwifes participate in education about newborn screening. If a parent chooses not to have the screening completed, the midwives inform the parents about their rights and what the screening covers for their babies. There were 633 reported home deliveries over the past calendar year from January 1, 2008 through December 31, 2008. For the women who chose no screening for their infants, the midwife must document provision of informed consent so the parents have knowledge to make a good decision about the screenings. Data collected by licensed midwives is limited to "screened" and "not screened". If a pattern of refusals of the screening is seen with a specific licensed midwife, an investigation is conducted to determine the quality of information that is shared with parents about testing for their newborn.

The Public Health Services Medical Director provided consultation and technical assistance to all Title V programs that requested assistance and collaborated with several programs, especially the Newborn Screening Program (NBS).

Metabolic disorder is an inherited disorder of body chemistry that, if untreated, causes mental retardation. Fortunately, through routine newborn screening, almost all affected newborns are now diagnosed and treated early, allowing them to grow up with normal intelligence. Mental retardation can be prevented if the baby is treated with a special diet that is begun within the first 7 to 10 days of life. Individuals with some rare metabolic disorders must remain on a restricted diet for life. The cost of the medical foods (formula and low protein food) is very expensive, but is the only treatment for the disorder.

Public insurance covers the cost of medical foods for children with metabolic disorders that are discovered on the newborn screen. Private insurance cover half the cost of medical foods with a cap of $5,000. State funding covers the family copay for medical food for children with special health care needs that are enrolled at the Children's Rehabilitative Services clinics.

Public insurance covers the cost of enteral feedings as well as oral nutrition supplements when medically necessary. The MCH nutritionist has coordinated with the Arizona WIC program and the Arizona Health Care Cost Containment System to ensure that Children with Special Healthcare Needs (CSHCN) are covered in a timely manner and receive appropriate medical nutrition therapy, as prescribed.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. OCSHCN partners with the NBS Program to direct families to		X	X	

care and services and provide education and resources to families and physicians.				
2. Newborn screening services have been integrated into the same location.				X
3. Newborn screening has expanded collaboration with key stakeholders.				X
4. Newborn screening protocols are being revised by the NBS Advisory Committee.				X
5. Newborn Screening continues to educate parents about the need for second screens.			X	
6. Newborn Screening offered cystic fibrosis screening for the first time.			X	
7. Midwife Licensing Program provided information to all midwifes about NBS.				X
8. The PHS Medical Director provides consultation and acts as liaison to medical community				X
9. The Community Health Nurses educate families about the importance of a second newborn screen.		X		
10.				

b. Current Activities

OCSHCN provides education and resource information to families of newborns with a positive screen for sickle cell disease. OCSHCN partners with the Newborn Screening Program (NBS) to identify ways to get information and resources to families about other diseases identified by NBS. OCSHCN and NBS are modifying letters to families to be more family centered and to provide resource and education information about services and programs for which their children may be eligible.

In an effort to provide more effective case management services, the Newborn Screening Program is streamlining processes. Protocols are being revised, partnerships with specialists are being redefined, and CLIA regulations are being implemented. Expanding collaboration with partners ensures timely diagnosis and clinical management by creating tiered levels of support based on high risk criteria. Sub-specialists intervene earlier, often resulting in better long term outcomes for infants. Peer-on-peer training and case management review is being expanded. Additionally, the Medical Director continues to provide consultation to the program and acts as liaison within the medical community.

Averaging 20,000 hits per year, the Newborn Screening web site continues to offer parents and providers educational resources and training tools. Specific email accounts are established to communicate with partners based on specific disorder categories; electronic comments from the general public are welcome and reviewed.

c. Plan for the Coming Year

OCSHCN will continue to direct newborns with positive screens to care and services. OCSHCN and NBS will continue to develop letters for families providing information on care and services. Nursing staff turnover challenges hospitals to keep staff trained on performing NBS testing. OCSHCN will partner with NBS to host training for nurses on the OCSHCN e-learning platform. OCSHCN and NBS will work with pediatric specialists to develop disease-specific educational information for families and will partner with NBS to educate contracted physicians on best practices for getting CSHCN into care.

Through continuous education and data analysis, Newborn Screening goals are to reduce the numbers of unsatisfactory specimens received, and to refine the positive and negative predictive values of analytes, thereby improving testing specificity. Also, using culturally sensitive materials,

the Newborn Screening Program continues to educate parents about the need for a second screen, timely referrals to specialists, and access to Children's Rehabilitative Services, Office for Children with Special Health Care Needs, Arizona Early Intervention Program, and other local resources. Performance measures will be reviewed to ensure laboratory standards are met.

Newborn Screening Program will review and update brochures, as well as expand provider educational materials. As new disorders are added or analyte cut off values changed, materials will be revised. Internal employee training manuals will be updated, and continuous education on evidence based laboratory and case management services will be explored.

The Medical Director will continue to provide consultation, technical assistance and identify any bottlenecks in the medical community that can potentially impact the NBS program.

If the need arises, Community Health Nurses will be utilized by the Office of Newborn Screening to find families that cannot be reached by conventional means. Community Health Nurses will continue to educate families about the need for a second newborn screen and facilitate referral to a medical home for those screens. In an effort to ensure comprehension of the urgency of the screens, the Program will continue to ensure that Community Health Nurses have bilingual staff available.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	53	54	55	56	54
Annual Indicator	51.4	51.4	51.4	53.6	53.6
Numerator					
Denominator					
Data Source					SLAITS Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	55	56	57	58	58

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
From it's inception, the Office for Children with Special Health Care Needs (OCSHCN), has infused family and youth partnerships throughout its business. Parents and youth reviewed RFP's; developed and reviewed curriculum, presentations, policies, procedures; facilitated meetings and reviewed the OCSHCN website. Requirements for family and youth involvement are incorporated into contracts and grants. The Family Resource Coordination Program (FRC) required family participation to develop Individual Service Plans (ISP's) for members.

OCSHCN has a paid parent representative working in the office one day a week. The parent-staff member participated in staff meetings and promoted the benefits of family centered care in interactions with staff. The parent-staff member provided in-service training on Breaking the Diagnosis. The training had strategies to help providers inform families about their child's condition and offered staff the opportunity to hear a personal perspective on what it is like to learn this news. The parent-staff member participated on an RFP review team for the Bureau of Women's and Children's Health's (BWCH) Community Nursing Program.

OCSHCN relied on family and youth volunteers to work on activities. OSCHSN used its contract with Raising Special Kids (RSK) to identify family partners for activities. The contract with RSK Family-to-Family Health Information Center (RSK-F2FHIC) provided training on family centered care to health and dental providers and coordinated resident-in-training home visits to help future physicians understand the strengths and needs of families caring for CYSHCN.

Conducted in English and Spanish, the 2009 CRS Family Satisfaction Survey asked several questions related to decision making. Families generally felt they were well informed and involved in decision making. When decisions were made 87% reported usually or always being offered choices about their child's health care. 85% reported usually or always being asked to tell the health care provider what choices they prefer. 91% said they were usually or always involved as much as they wanted when decisions were made.

The survey also revealed that families were highly satisfied with their services. CRS care was rated at an average of 9.0 on a 10-point scale, with 10 being the highest level. The average rating on a scale from 0 to 10, with 10 being the best specialist possible, was 9.1. 90% of respondents gave their child's specialist a score of 8 or higher.

Several survey items asked about the way that children and their families were treated by clinic staff. 86% felt that clinic staff were always as helpful as they should be. 80% said that they always had their questions answered by their CRS providers and 82% always received information that was needed from their CRS providers. 87% reported that clinic staff always listened carefully to them.

The survey asked several questions related to cultural competency. 85% said that clinic staff always explained things to them in a way they could understand. 85% reported that CRS doctors or other health providers always showed respect for what they had to say and always made it easy to discuss their questions and concerns. 95% said they were always treated with courtesy and respect. Of those respondents that needed an interpreter, 93% always received translation services when they were requested and 96% were satisfied or very satisfied with the interpreters' assistance.

The 2008 DME/Wheelchair Survey revealed positive feedback from families regarding CRS wheelchair services. 86% reported that the equipment met the member's needs very well and 94% were satisfied or very satisfied with the wheelchair equipment and services provided. 89% said the member's wheelchair was very reliable. 81% said they were always involved when

decisions were made about wheelchair-related needs, and 99% reported being treated with courtesy and respect. The FRC Family Satisfaction Survey revealed that 84% rated the coordination of services as excellent, very good or good. 94% reported being involved in developing ISP's and were satisfied or very satisfied with the process.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Parents and youth review curriculum, presentations, policies, procedures, facilitate meetings and review the OCSHCN website.		X		X
2. Family satisfaction surveys are used to determine if families feel involved in decision making. Survey results are used to modify program and policy.		X		X
3. The RFP Buliding Partnerships for Quality Care will recruit, train and support families, consumers and youth to involve them in decision making.		X		X
4. OCSHCN is part of a collaborative with the Governors Council on Traumatic Brain Injury/Spinal Cord Injury providing technical assistance on best practices for CYSHCN and especially on issues around transition.		X		X
5. A paid parent staff member works in the office one day each week.		X		X
6. All contractors are required to involve families and youth iin decision making.		X		
7. The OCSHCN web page has a place for comments and questions. OCSHCN has an email address inviting comments and input.		X		
8.				
9.				
10.				

b. Current Activities

OCSHCN requires family and youth involvement in contracts. OCSHCN relies on family agencies, parents and youth willing to volunteer to review curriculum, website, handbooks and other material for family centeredness, cultural appropriateness and ADA compliance. A parent-staff member works in the office one day a week with additional time outside the office to participate in meetings and provide input into projects.

OCSHCN leads an effort with BWCH and ADHS Behavioral Health Services to involve family, consumer and youth partners in decision making. Building Partnerships for Quality Care, an agency wide RFP is out for bid to agencies or organizations with better capacity to recruit, train and support family, consumer and youth who reflect the diversity of Arizona's population. OCSHCN is using a template for the RFP developed by parents who were part of the Integrated Services Grant.

OCSHCN's web page has an email address inviting comments, input or questions. CRS requires parents to be on State and Local Parent Action Councils. FRC requires program coordinators to involve families in developing service plans and provide support and education on advocating for their child. OCSHCN uses satisfaction surveys to identify strengths and weaknesses in family decision making in programs and to identify opportunities to improve program design and delivery.

c. Plan for the Coming Year
Having families of children with special health care needs involved in all levels of decision making is widely accepted as a best practice. To ensure that families always feel involved in decision making and are satisfied with care and services they receive, OCSHCN will continue conducting family satisfaction surveys.

OCSHCN will continue to recruit families and youth for leadership development training. OCSHCN contracts will provide funding for and will require contractors to include parent and youth leaders on boards and committees and to develop strategies to involve families and youth in all levels of decision-making. OCSHCN will continue to encourage other agencies and offices to include family and youth as decision makers, include family and youth partnership in contracts, and encourage developing mechanisms to reimburse or support parents and youth for their time, leadership, travel and accommodations. CRS will continue to increase participation of parents as decision makers through committees and State and Local Parent Action Councils.

OCSHCN will provide technical assistance on family involvement for children and youth with special health care needs for the agency wide Building Partnerships for Quality Care RFP. OCSHCN will work with families to develop curriculum that promotes families as key partners in all levels of decision-making. Education will be provided to other agencies, AHCCCS health plans, NICU staff and families, medical residents, physicians, dental students, BWCH Hot Line staff and new OCSHCN staff. E-learning modules on family centered care coordination and an OCSHCN overview will be developed. OCSHCN's paid parent advocate will assist with the curriculum review and rewrite.

OCSHCN will join a collaborative involving the Governor's Council on Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) and other agencies working with families with TBI/SCI. OCSHCN will provide technical assistance on best practices for children and youth with special health care needs (CYSHCN). OCSHCN will provide education to increase the collaborative member's knowledge about partnering with families and including families in decision making. Technical asssitance will also be provided to the collaborative on developing programs, materials and support for families of CYSHCN.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	51	51.5	52	52.5	41
Annual Indicator	50.5	50.5	50.5	40.4	40.4
Numerator					
Denominator					
Data Source					SLAITS Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and					

2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	41	42	42	43	43

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
OCSHCN has integrated the medical home concept into training, presentations, published materials and new staff orientation. OCSHCN promoted the medical home concept to other ADHS offices, other agencies and community partners. The Medical Home concept is a required element in OCSHCN's contracts.

The RFP for the Children's Rehabilitative Services (CRS) Program included a medical home requirement. The CRS RFP was awarded to Arizona Physicians IPA (APIPA). APIPA was tasked with transforming a regional system of care into a single, statewide, seamless service delivery system. The RFP required that each member have an integrated medical record to facilitate coordination of care delivered by multiple providers. APIPA was responsible for coordinating member care consistent with the principles of a patient-centered medical home. The contractor ensured that Service Plans were developed for members that combined the elements of multiple treatment plans with family support services and identified specific agencies and organizations with which treatment must be coordinated.

OCSHCN leveraged the administration of the CRS program to reach Arizona's larger population of CYSHCN. CRS served a small proportion of Arizona's CYSHCN (10%) representing the most medically complicated. However the APIPA-CRS provider network included most of Arizona's pediatric specialty providers. APIPA is a provider for Arizona's Medicaid program the Arizona Health Care Cost Containment System (AHCCCS) and the Arizona Department of Economic Security's (DES) Division of Developmental Disabilities (DDD) Program. Promotion of best practices, including medical home, required by APIPA-CRS providers reached beyond CRS membership to other CYSHCN served by these same providers. Administration of the CRS Program also brought OCSHCN to the table with multiple providers and allowed OCSHCN the opportunity to broaden the discussion past CRS membership to the larger population of CYSHCN.

The Arizona Medical Home Care Coordination Manual has been revised to incorporate recent changes in state programs eligibility and service availability. 217 copies of this manual have been distributed to organizations such as the Foundation for the Blind, Mountain Park Community Health Center, Banner Good Samaritan Hospital, Gateway Community College School Nurse Certification Program and OCSHCN Family Resource Coordination Program contractors. Raising

Special Kids (RSK) has integrated the medical home concept into resident physician training materials and has given each resident a copy of the manual. RSK also distributed manuals to parents and professionals at the Conference for Parents: Learn Collaborative Strategies for Therapy conference.

School Health partnered with a statewide school nurse organization to host 81 school nurses and 50 school nursing assistants in an annual conference that promoted medical home concepts. School Health also partnered with a local childrens hospital to host 125 school nurses and 62 school nursing assistants at a conference where best practices, including medical home for CYSCHN were integrated into each session. OCSHCN presented to 54 pediatricians at the annual American Academy of Pediatrics, Arizona Chapter statewide meeting. OCSHCN presented on the importance of providing a medical home for CYSHCN, provided a review of the components of medical home and answered questions related to involving families in decision-making.

In 2008, OCSHCN added an outreach staff position that represented OCSHCN at meetings with other state agencies and with community partners. The outreach staff member provided education and offered information about OCSHCN programs and best practices for CYSHCN to agencies such as the DES Arizona Early Intervention Program (AzEIP), First Things First (Arizona's Early Childhood Development and Health Initiative) DES/DDD, the DES Family Assistance Administration, the Arizona Association of Community Health Centers, Mountain Park Community Health Center, Native Health, Raising Special Kids, Spina Bifida Association, and the Foundation for Blind Children. Resource information, including medical home for youth, was also provided to high-risk youth in the juvenile justice system. Family Resource Coordinator (FRC) Contractors were monitored for compliance with medical home implementation plans. All 402 children and youth in the FRC Program identified, during the intake process, as having a medical home.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. The medical home concept is integrated into training, presentations, published materials, contract language and new employee orientation.		X		X
2. Outreach staff provides technical assistance on the medical home concept to other ADHS offices, other state agencies and community partners.		X		X
3. The Arizona Medical Home Care Coordination Manual is updated as needed and distributed to other ADHS offices, other state agencies, and community partners.		X		X
4. OCSHCN's CRS Program Contractor is responsible for coordinating member care consistent with the principles of a patient-centered medical home.	X	X		X
5. CRS Member service plans are developed combining elements of multiple treatment plans, family support services and identifying specific agencies and organizations with which care must be coordinated.	X	X		X
6.				
7.				
8.				
9.				
10.				

b. Current Activities
APIPA is responsible for coordinating member care consistent with the principles of a patient-centered medical home. Integrated medical records and treatment service plans are required for each member. APIPA has a grant from United HealthCare Foundation to implement an electronic medical record and scheduling system for CRS. The system provides appointment scheduling and uses flexible clinical protocols so that specific needs of a member can be addressed. Lab, pharmacy, progress notes and encounter data are tracked building a comprehensive profile on each member that is shared with each specialist on the member's care team. The system generates alerts for member specific care information. This capability allows CRS to expand the family centered medical home concept. Use of the electronic medical record and scheduling system also is influencing the use of a similar system in the practices of these physicians who also provide care to the larger population of CYSHCN.

OCSHCN integrates the medical home concept into training, presentations, published materials, contracts and new staff orientation. Medical home is promoted within ADHS, to other agencies and community partners. The Medical Home Care Coordination Manual is distributed to community partners and other ADHS offices. OCSHCN's outreach staff member provides information about best practices, including the medical home concept, and programs for CYSHCN to partners.

c. Plan for the Coming Year
The APIPA-CRS electronic medical record and scheduling system for the CRS program will be used in conjunction with a new Arizona state system that electronically exchanges hospital discharge and emergency room data. CRS providers using the system will be able to e-prescribe and share clinical information among other providers involved in the member's care. The system tracks lab, pharmacy, progress notes and encounter data so a comprehensive profile can be built for each member and shared with other specialists and primary care providers. This capability will allow CRS to expand the family-centered medical home.

The Arizona Medical Home Care Coordination Manual will be updated as needed and distributed to other ADHS offices and community partners. OCSHCN will explore partnering with the American Academy of Pediatrics Arizona Chapter to distribute the Arizona Medical Home Project Care Coordination Manual to physicians.

OCSHCN will identify ways to expand outreach and increase educational opportunities on best practices, including medical home for CYSHCN. The OCSHCN Outreach staff member will offer education and training information on care coordination and medical home best practices to AzEIP, DDD and other agencies. School Health will provide training on the medical home concept to school nurses. OCSHCN and RSK-F2FHIC will continue partnering to develop educational materials and support medical home activities that empower families to act as their own advocates, to develop individual service plans and connect families with resources.

OCSHCN will continue to integrate the medical home concept into training, presentations, published materials, contracts and new staff orientation.OCSHCN will promote the medical home concept to other ADHS offices, other agencies and community partners. OCSHCN would like to reach out to the BWCH Medical Home Project providers to give them information and technical assistance on the MCH Medical Home philosophy. OCSHCN will explore the possibility of awarding small dollar contracts, under $5,000, to our partner agencies to work on targeted, short term projects promoting best practices around the Medical Home concept.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	61	61	61	61	59
Annual Indicator	60.8	60.8	60.8	58.1	58.1
Numerator					
Denominator					
Data Source					SLAITS Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	59	59	59	59	59

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
Since 1992, the Arizona Department of Health Services through OCSHCN has had a contract with the state Medicaid agency, the Arizona Health Care Cost Containment System (AHCCCS) to provide care and services for children and youth with special health care needs who are carved out of the general AHCCCS population. Through this contract with AHCCCS, OCSHCN administers the Children's Rehabilitative Services Program (CRS). In 2008 OCSHCN awarded a contract to Arizona Physicians/IPA (APIPA) to administer the CRS program.

CRS is a statewide network of inpatient and outpatient services providing medical treatment, rehabilitation, and related support services to Arizona children, birth to 21, who have certain medical, disabling, or potentially disabling conditions. CRS assures quality comprehensive care through a family-centered, multi-specialty, interdisciplinary team approach in a cost-effective managed care setting. 23,884 children received care through CRS in 2008 representing approximately 10% of CYSHCN in Arizona. These children have conditions that are among the most medically complicated of all CYSHCN.

CRS provides care related to the member's qualifying condition. Members who are enrolled in AHCCCS have a PCP who delivers primary and preventive care, including EPSDT services. CRS

contractors are required to identify a primary pediatric care provider for all members and an adult care provider for youth aging out of the program.

CRS is funded by a combination of state and federal funds. 17,991 members were funded by Title XIX and 1,447 members were funded by Title XXI, the remaining 4,446 were funded by private insurance or state dollars. Families are required to apply for AHCCCS, and the Contractor is required to assist families with the application process.

OCSHCN has several systems in place to help link families to available services for CYSHCN. OCSHCN developed a letter in collaboration with the ADHS Birth Defects Registry to send to all families of children born with spina bifida and cleft lip/cleft palate informing them of coverage available through the CRS program. Currently 43 newborns identified with spina bifida or cleft lip/cleft palate are enrolled in CRS. 2 newborns diagnosed with Sickle Cell disorder were referred to the CRS program. 402 children received service coordination through OSCHCN's Family Resource Coordination Program (FRC).126 children served through FRC had private health insurance, 240 had insurance through public programs and 36 children were without insurance or unable to afford services. 30 of these 36 children received Direct Care Services funded by FRC. Direct Care Services can include therapy, transportation and equipment.

Children and youth with certain rare metabolic disorders must remain on a restricted diet for life. Medical food is very costly, but is the only treatment for the disorders. Neither public nor private insurance covers all of the costs of these foods. The WIC program pays for formulas for certain disorders for children and youth who are uninsured. Public insurance covers the cost of enteral feedings as well as oral nutrition supplements when medically necessary. The Bureau of USDA Nutrition Programs has coordinated with WIC and AHCCCS to ensure that CYSHCN are covered in a timely manner and receive medical nutrition therapy as prescribed. The Bureau has also provided training on the approval process with WIC special needs nutritionists and AHCCCS MCH Coordinators. An agreement was made with the formula manufacturer to ship formula directly to members at no cost.

OCSHCN supports the BWCH Children's Information Services Hotline to educate families on AHCCCS and provide other insurance information. Education was provided to Hot Line staff on services and programs for CYSHCN, including CRS eligibility. The SSI project sent 405 letters that provided insurance information for families and made referrals to RSK-F2FHIC. The OCSHCN Information and Referral Project provided information on health care and available resources to 614 family callers. According to 2005-2006 SLAITS data, 89.5% of Arizona's CYSHCN had public or private insurance, 88.4% had no gaps in coverage and 88.7% had insurance that usually or always met their child's needs.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. OCSHCN has an Interagency Service Agreement with Arizina's Title XIX and XXI agency (AHCCCS) to administer the CRS Program to 23,884 children and youth with certain medical and disabling conditions.	X	X		X
2. Systems are in place with other ADHS offices and with SSI to help link families to services for CYSHCN.		X		X
3. Contractors are required to assist families in applying for AHCCCS.		X		
4. OCSHCN develops resources, offers training and education to providers, families and community partners about private and public insurance options for CYSHCN.		X		X

5.				
6.				
7.				
8.				
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10.				

b. Current Activities

Due to the state budget deficit the CRS program has discontinued paying for care for members who are not also enrolled in an AHCCCS program. Members are still medically eligible and may still participate in CRS but must pay for all medical care and related services at 100% of AHCCCS allowable fees. This impacts approximately 1,200 families whose incomes are below 200% of the FPL, but, who are not eligible for AHCCCS. OCSHCN has been working with these families and providers to find coverage for the care and services they need. OCSHCN meets regularly with AHCCCS to discuss strategies for improving coordination of care among health plans.

OCSHCN sends information to SSI applicants, and works with the ADHS Birth Defects Registry to notify parents of children with cleft lip/cleft palate and spina bifida of resources and health coverage. OCSHCN educates parents of newborns with Sickle Cell disease about insurance and available resources. OCSHCN is working with the Newborn Screening Program (NBS) to provide insurance and resource information to parents of newborns identified by the program with a disorder. The OCSHCN Information and Referral Project provides insurance and resource information to callers.

The School Health Project educates state school nurse organizations so they can inform families about programs for CYSHCN, AHCCCS and CRS. OCSHCN supports the BWCH Children's Information Services Hotline and provides education to the staff on services and programs for CYSHCN.

c. Plan for the Coming Year

OCSHCN will continue to require that contractors assist families in applying for private health insurance, for AHCCCS and answer general questions about the process. OCSHCN will partner with RSK-F2FHIC and BWCH Community Nursing to help families gain access to providers and services. OCSHCN will partner with RSK's F2FHIC grant to convert their Arizona Health Care Systems Workshop into an on-line interactive class available to families and providers.

CRS contractors will continue to be required to identify a primary care provider for youth transitioning out of CRS services. CRS will continue to make pharmacy, laboratory, vision, DME and provider services available to members in or near their communities. OCSHCN will explore ways to make more CRS specialty services that do not require an interdisciplinary setting, available in the community.

OCSHCN will continue to develop resources and offer training and education to providers, families and community partners on public and private health insurance options for CYSHCN. OCSHCN will explore developing, educating and recruiting businesses to participate in a pilot project that provides education to families on evaluating health care plans for care and services for CYSHCN. OCSHCN will continue to review SSI applications, provide referral information to applicants and track and trend referral outcomes related to disability, age, geographic area and referral sources. OCSHCN will continue to use telephone call log data to track barriers identified by families in gaining access to adequate health insurance. OCSHCN will share this information with responsible agencies through meetings with the AzEIP ICC, the Division of Developmental Disabilities and with AHCCCS health plans.

OCSHCN will continue efforts with the ADHS Birth Defects Registry to send resource information and information about CRS to all families of children born with spina bifida and cleft lip/cleft palate. OCSHCN and NBS will update NBS notification letters annually to ensure that information remains current. OCSHCN will provide education to the BWCH Children's Information Services Hotline staff on programs and services for CYSHCN. OCSHCN will continue to provide financial support to the Hotline Program for education to families on resources for CYSHCN, AHCCCS, CRS and private insurance information.

Because of the uncertainty regarding the 2010 state budget OCSHCN will need to look at revising the CRS rules to change the program eligibility requirements for those members who are not eligible for AHCCCS.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	72	73	74	75	87
Annual Indicator	70.9	70.9	70.9	86.5	86.5
Numerator					
Denominator					
Data Source					SLAITS Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	87	88	88	89	89

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments

In 2008 OCSHCN awarded a contract to Arizona Physicians/IPA (APIPA) to administer the Children's Rehabilitative Services (CRS) Program. APIPA has been a provider for the Arizona Health Care Cost Containment System (AHCCCS) for over 25 years. The new contract opened up the CRS system of care from a program with four regional multispecialty interdisciplinary clinics (MSICs) to the statewide APIPA network of labs, pharmacy, therapy, vision care and provider offices that are often in or close to a member's community. CRS also added a toll free 24/7 Member Services line.

CRS revised Administrative Rules to simplify eligibility and enrollment. In previous years, this was identified by stakeholders as problematic and cumbersome. The process was streamlined by requiring the Contractor to make a determination of eligibility and enroll the member within 14 days when there is sufficient information received with an application. The requirement to send an applicant to visit a CRS provider to confirm a diagnosis before enrollment was eliminated. In 2008 the mean number of days to get a child enrolled in CRS from the date of referral was 42 days. After the new process was implemented the mean number of days to get a child enrolled from the date of referral was 12 days.

A performance improvement project (PIP) was developed to increase the percentage of original applications with eligibility determinations of eligible and ineligible within 14 days. The Contractor was able to make definitive determinations of eligible or ineligible within 14 days for 49% of applicants during October through December of 2008. Enrollment was also streamlined for newborns identified by the Newborn Screening Program (NBS) as positive for disease. The pediatric specialist consulted directly with the CRS medical director about the newborn. Following consultation, the newborn can be enrolled in CRS after hospital discharge. The application to CRS also triggers an application to AHCCCS.

CRS served over 23,884 children in FY 09. The 2009 Family Satisfaction Survey included questions about the ease of using services. 88% reported that it was not a problem to see a specialist when needed. 94% had seen a CRS specialist in the past 12 months; higher than last year's survey response of 82%. Of the respondents calling the clinic during regular hours, 81% reported usually or always getting the help or advice they needed. When urgent care was needed, 88% reported being satisfied or very satisfied with how long it took to get care. 85% reported being satisfied or very satisfied with how long it took to get an appointment at a CRS clinic. 92% reported that they usually waited 45 minutes or less before being taken to the exam room.

The 2008 DME/Wheelchair Satisfaction Survey included questions relating to access to services and member service. 87% did not have a problem getting a referral to a wheelchair equipment supplier and 86% were satisfied or very satisfied with how long it took to get wheelchair-related services. 90% of respondents stated that they were told or shown how to use the wheelchair or wheelchair accessories and the majority felt the instructions were very helpful.

The CRS Telemedicine Program is a network of sites that offers providers a telecommunication system to conduct clinical services at geographically separate sites to patients living in areas without access to specialists. CRS provided medical services matching complex orthopedic and neurosurgical patients in outlying areas to providers through the use of telemedicine technology. In January 2009 CRS started a pilot telemedicine neurology clinic in Yuma.

OCSHCN responded to over 640 family calls and sent 405 SSI letters that directed families to services within their community. The Family Resource Coordination Program (FRC) referred members to community-based service systems and promoted provider awareness of the importance of understanding the culture of the family. OCSCHN continued as the ADHS representative to the Arizona Department of Economic Security (DES)/Arizona Early Intervention Program's (AzEIP) Interagency Coordinating Council (ICC).

As of February 2009, RSK-F2FHIC provided Family Centered Care training to 57 medical

residents and 38 nursing students. RSK-F2FHIC's residency training program focused on family centered care practices and promoted family home visits. Approximately 15 faculty families hosted a resident.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. OCSHCN"S CRS Program has 4 regional multispecialty interdisciplinary clinics and a statewide network of labs, pharmacy, therapy, vision care and provider offices that are often in or near a member's community.	X	X		X
2. The CRS program revised Administratives Rules to simplify eligibility and enrollment in the CRS Program.		X		
3. CRS developed an eligibility performance improvement project to increase the percentage of original applications with determinations of eligible and ineligible within 14 days.		X		
4. Family satisfaction surveys ask respondents if services are arranged so that they are easy to use. Program and policy changes are made based on survey responses.		X		X
5. Telemedicine offers providers a system to conduct clinical services at geographically separate sites to members living in remote areas without access to specialists.	X	X		X
6. Information and referral services are provided about community-based service systems for CYSHCN.		X		X
7. OCSHCN is participating in Health-e-Arizona, an on-line application for medical coverage, food stamps, and cash assistance.		X		X
8. The OCSHCN CRS Program Contractor will implement an electronic medical record and scheduling system. Labs, pharmacy, progress notes and encounter data can be shared with other providers. Hospital discharge and ER data can be exchanged .	X	X		X
9. OCSHCN will provide technical assistance to Building Partnerships for Quality Care contractors about the needs of CYSHCN.		X		X
10.				

b. Current Activities

Family satisfaction surveys indicate that a majority of families find OCSHCN services easy to use. The CRS contract with APIPA opens up a network of labs, pharmacy, therapy, vision care and provider offices in or close to a member's community. Telemedicine provides a way to conduct clinic services at a geographically separate site to members living in areas without access to specialists.

OCSHCN partners with BWCH to provide resource information to Community Nursing, supports the CIS Hotline and trains staff to help callers access systems of care for CYSHCN. FRC educates contractors, families and child-serving agencies on eligibility rules and processes to access services. The Information and Referral and SSI Projects refer families to community-based services.

OCSHCN is the ADHS liaison to the AzEIP/ICC and the ICC Executive Committee. OCSHCN provides information to ICC agencies about community based programs serving CSHCN, advises

and assists in developing and implementing policy and participates in coordinating agencies to develop a statewide system of early intervention services.

OCSHCN is not renewing an InterAgency Service Agreement (ISA) with DES. The ISA provides follow up and tracking for CRS members applying to AHCCCS for primary care. OCSHCN is instead participating in Health-e-Arizona, an on-line application for medical coverage, food stamps, and cash assistance. OCSHCN and AHCCCS are identifying pilot sites to implement Health-e-Arizona within the CRS program.

c. Plan for the Coming Year

CRS requires that integrated medical records and a treatment service plan be maintained for each member, to date this has been a paper-based system that limits effective collection and information sharing among providers. The CRS Contractor, APIPA has been awarded a grant from the United Healthcare Foundation to implement an electronic medical record and scheduling system. The system will provide scheduling for members and use flexible clinical protocols so the specific needs and characteristics of CRS members can be addressed. Lab, pharmacy, progress notes and encounter data will be tracked to build a comprehensive profile that can be shared with other specialists in the system. The system will be used in conjunction with a new Arizona state system that electronically exchanges hospital discharge and emergency room data. CRS providers using the system will be able to e-prescribe and share clinical information among other providers involved in the member's care. This capability will allow CRS to expand telemedicine, field clinics, and the family-centered medical home.

OCSHCN will educate CRS providers, staff and pediatric subspecialists on best practices by introducing these concepts into clinics where they practice. The same subspecialists also serve the larger population of CYSHCN. Consequently, OCSHCN will be able to influence the care of CYSHCN beyond the CRS Program. For example, APIPA is a line of business of United Health Care. APIPA will explore using the CRS model of care as a model for their programs serving CYSHCN in other states.

OCSHCN will promote best practices with partners, other ADHS offices and contractors, provide training on navigating systems of care, continue to provide education to recognize families as integral partners, and conduct consumer satisfaction surveys to identify strengths, barriers and strategies for improving services and increasing access to resources. School Health will explore ways to strengthen and promote relationships between school nurses and families.

OCSHCN will provide technical assistance to Building Partnerships for Quality Care RFP awardees to represent the needs of CYSHCN and provide education on best practices. OCSHCN, BWCH and Raising Special Kids will partner on the Smooth the Way Home Grant to explore and pilot ways to improve the transition process for babies and families leaving the NICU and returning home to a network of community services.

OCSHCN will target trainings to providers and child-serving agencies on best practices for CYSHCN. OCSHCN will explore developing training to providers, health plans, hospital discharge planners and NICU nurses on programs and services for CYSHCN as well as information on the eligibility requirements and the application process for these services and programs. OCSHCN's 46 training modules will remain available on-line. The family/youth leadership modules will continue to be available with English and Spanish split screens.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	6	6	6	6	39
Annual Indicator	5.8	5.8	5.8	39.4	39.4
Numerator					
Denominator					
Data Source					SLAITS Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	40	41	42	43	43

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
Since 2002, OCSHCN has infused youth partnership throughout its business. Youth have shared their knowledge and expertise on RFP review teams, have reviewed contract language, contributed to developing and improving resources including curriculum, member handbooks, fact sheets and brochures. Youth reviewed web pages and other materials for ADA compliance and accommodations were provided as needed. Contracts, policies and procedures for all OCSHCN programs were revised to require youth involvement. OCSHCN relied on youth volunteers to work on activities. Several past OCSHCN youth leaders became employed by state and community organizations. OCSHCN continued to partner with these youth who have moved on from being consultants to positions in other agencies such as the Governor's Councils on Developmental Disabilities, Southwest Autism Research and Resource Center, Spinal Cord Injury Association, and Southwest Institute.

School Health promoted best practice information for health care transitions of YSHCN and partnered with other agencies responsible for youth transition to include health care as a self determination component. School Health exhibited at transition fairs and at the Arizona Department of Education's (ADE) annual statewide Transition Conference. OCSHCN provided technical assistance to add a health track to the conference and developed a display for OCSHCN's online transition training for healthcare providers. Transition training for healthcare providers was developed in partnership with youth from the ISG and the training was put into an e-learning format. OCSHCN partnered with ADE and Vocational Rehabilitation to add health as a quality of life component to the Arizona Transition Leadership Team's (ATLT) State Capacity Building: Secondary Education and Transition Service document.

School Health participated in a round table discussion for 32 team members attending the Arizona Community Transition Team training. The transition teams are grant funded and receive training through the University of Kansas, Transition Coalition in collaboration with ADE. Transition teams include schools, parents, students, businesses, and social service representatives. OCSHCN discussed the importance of including healthcare in transition planning.

The Family Resource Coordination Program (FRC) trained contractors on how to assist young adults to transition out of the program. 111 youth in the program were provided with education and information including information on health care, work and maintaining independence. OCSHCN promoted the inclusion of a youth track as a way to encourage youth attendance at the annual Brain Injury conference.

OCSHCN has a representative on the Arizona Collaborative for Adolescent Health that formed as an outgrowth of two adolescent health committees from the Integrated Services Grant. This new collaborative is under the umbrella of the American Academy of Pediatrics-Arizona Foundation. The mission of the collaborative is to improve the health of adolescents by providing comprehensive resources for health care professionals, adolescents, families and communities.

OCSHCN mandated that Children's Rehabilitative Services (CRS) contractors participate in a performance improvement project (PIP) that was developed to promote transition to adult planning. A performance indicator was developed to measure the proportion of members who turned 15 during the contract year that had documentation in their medical record of a transition plan that was initiated by their 15th birthday. The baseline measurement in 2004 had found no documentation of planning in the medical records. Providers were subsequently trained and a significant improvement in documentation of transition planning was seen over the past two years. In FY2007, 29% of the charts had documentation of transition plans which increased to 49% in FY2008. This PIP has been completed.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Youth review contract language, help develop resources, review curriculum, member handbooks, educational material and the OCSHCN web site.		X		X
2. The School Health Project partners with other agencies to promote health care as a self-determination component of conferences and contracts.		X		X
3. OCSHCN's CRS Program developed a performance improvement project to measure the proportion of members who had a transition plan documented in their medical record.		X		X

4. OCSHCN is partnering with the Governor's Council on TBI/SCI on the Arizona TBI Transitions Project. OCSHCN will provide technical assistance on best practices for and will help adapt exisitng information to fit TBI needs for providers and families.		X		X
5. The Governor's Council on TBI/SCI and OCSHCN will develop, pilot and evaluate a training module to support transition for youth with TBI.		X		X
6. OCSHCN requires contractors to do transition planning.		X		X
7.				
8.				
9.				
10.				

b. Current Activities
OCSHCN relies on youth partners who are willing to volunteer to review contract language and website content. The agency wide RFP, Building Partnerships for Quality Care, includes a youth partner component. OCSHCN, RSK-F2FHIC and youth are working to develop a video game to help youth understand transition issues and the need to develop a transition plan. Based on ISG recommendations OCSHCN is seeking CME-CEU's for on-line transition training for physicians and school nurses.

OCSHCN exhibits and presents at transition fairs, the annual ADE transition conference and the school nurse conference. OCSHCN will present resource information for 65 members of the Arizona Community Transition Teams with ADE and the University of Kansas. OCSHCN is represented on the Arizona Collaborative for Adolescent Health and is a member of ATLT.

FRC contracts require transition plans for youth age 16. CRS contractors begin transition plans for members before they reach age 15. Plans must be age appropriate, address member needs and continue until the member exits CRS. OCSHCN monitors Contractors to ensure that appropriate transition services are provided.
OCSHCN and the Governor's Council on Spinal and Head Injuries partner on the Arizona TBI Transitions Project, a HRSA grant, assisting youth with TBI to transition into adult focused health care and support systems.

c. Plan for the Coming Year
OCSHCN contracts will require transition planning. OCSHCN will monitor the CRS Contractor to ensure that members receive transition services and will continue to provide training. On-line training and CEUs will be offered to adult providers of transitioning youth. OCSHCN will explore providing information to AHCCCS health plans on the needs of transitioning youth.

OCSHCN will continue to support youth leadership. Building Partnerships for Quality of Care contract awardees will recruit, support, train, and provide leadership development for youth. The Contractor will develop a youth council to participate in and facilitate meetings and provide input into OCSHCN activities at all levels. Contractors will be required to recruit youth that reflect different disabilities and the cultural and economic diversity of Arizona. Organizations outside of state agencies will be in a better position to address barriers to participation and support the needs of youth partners, including advances for travel, conference expenses, mileage and stipends.

OCSHCN will partner with ADE to plan the annual Transition Conference ensuring that a Medical/Social Empowerment track is included on the agenda. OCSHCN plans to bring in Patti Hackett from the National Center on Transition to present on the importance of health for

transitioning youth. The School Health Project will exhibit at transition fairs, provide input about YSHCN at annual conferences, remain active on ATLT and represent OCSHCN on the Arizona Collaborative for Adolescent Health. The Collaborative plans to seek funding to develop and maintain an adolescent health website that includes health risk screening training opportunities and resources and will link to the OCSHCN website.

Adult health care systems expect participants to effectively articulate needs and concerns, respond accurately to questions and follow through with instructions. Deficits in processing information and impaired memory and judgment create greater challenges for youth with a TBI than the general population faces and can interfere with successful transition. OCSHCN will partner with the Governor's Council on Spinal and Head Injuries (GCSHI) on the Arizona TBI Transitions Project to address this issue. OCSHCN will help assess existing best practices for CYSHCN and adapt the information to fit TBI needs for providers, families and youth.

GCSHI and OCSHCN will develop, pilot and evaluate a training module to support transition for youth with TBI. Youth with TBI will be included on the OCSHCN Youth Council and will advise and participate in all activities. TBI awareness will be integrated into OCSHCN outreach activities with a focus on the traditionally underserved African American, Hopi and Navajo populations. OCSHCN will provide technical assistance and partner with the Brain Injury Association to support development of programs and resources for children and youth with TBI and share data regarding services and outcomes.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	71	78	79	79.5	80
Annual Indicator	78	78.6	79.2	76.2	76.7
Numerator					
Denominator					
Data Source					National Immunization Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	80	80	80	80	80

Notes - 2008
The source of immunization data is the CDC National Immunization Survey (http://www.cdc.gov/vaccines/stats-surv/nis/tables/0607/tab03_antigen_state.xls). Previously, the reported rate represented the coverage level for 4DPT, 3OPV and 1 MMR only, because data were not reliably available for the full series recommended by the CDC, which also includes 3 doses of Hep B and 3 doses of Hib. No data were available for this measure for 1998, but the

data points for 1999 forward have been changed to reflect the full 4:3:1:3:3 series. Performance objectives were also changed to reflect the change in the measure. Estimates for data points are based on reports for the following date ranges:
1999 = July 1998 through Jun 1999
2000 = "2000"
2001 = Jan 01 through Dec 01
2002 = Jul 01 through Jun 02
2003 = Jul 02 through Jun 03
2004= Jul 03 through Jun 04
2005= Jan 04 through Dec 04
2006=Jan 05 through Dec 05
2007= Jul 06 through Jun 07
2008= Jul 07 through Jun 2008
The 2008 estimate reflects the immunization status of children by age two for children who were 19-35 months of age, born between July 2004 and December 2007. The estimate tolerates 7.5 error at a 95% confidence level.

Notes - 2007
The source of immunization data is the CDC National Immunization Survey (http://www.cdc.gov/vaccines/stats-surv/nis/tables/0607/tab03_antigen_state.xls). Previously, the reported rate represented the coverage level for 4DPT, 3OPV and 1 MMR only, because data were not reliably available for the full series recommended by the CDC, which also includes 3 doses of Hep B and 3 doses of Hib. No data were available for this measure for 1998, but the data points for 1999 forward have been changed to reflect the full 4:3:1:3:3 series. Performance objectives were also changed to reflect the change in the measure. Estimates for data points are based on reports for the following date ranges:
1999 = July 1998 through Jun 1999
2000 = "2000"
2001 = Jan 01 through Dec 01
2002 = Jul 01 through Jun 02
2003 = Jul 02 through Jun 03
2004= Jul 03 through Jun 04
2005= Jan 04 through Dec 04
2006=Jan 05 through Dec 05
2007= Jul 06 through Jun 07
The 2007 estimate reflects the immunization status of children by age two for children who were 19-35 months of age, born between July 2003 and December 2005. The estimate tolerates 5.4% error at a 95% confidence level.

Notes - 2006
The source of immunization data is the CDC National Immunization Survey (http://www.cdc.gov/nip/coverage/NIS/01/toc-01.htm). Previously, the reported rate represented the coverage level for 4DPT, 3OPV and 1 MMR only, because data were not reliably available for the full series recommended by the CDC, which also includes 3 doses of Hep B and 3 doses of Hib. No data were available for this measure for 1998, but the data points for 1999 forward have been changed to reflect the full 4:3:1:3:3 series. Performance objectives were also changed to reflect the change in the measure. Estimates for data points are based on reports for the following date ranges:
1999 = July 1998 through Jun 1999
2000 = "2000"
2001 = Jan 01 through Dec 01
2002 = Jul 01 through Jun 02
2003 = Jul 02 through Jun 03
2004= Jul 03 through Jun 04
2005= Jan 04 through Dec 04
2006=Jan 05 through Dec 05

The 2006 estimate reflects the immunization status of children by age two for children who were 19-35 months of age, born between February 2002 and July 2004. The estimate tolerates 4.2% error at a 95% confidence level.

a. Last Year's Accomplishments
The Arizona Partnership for Immunization (TAPI) home web page, www.whyimmunize.org allows parents to ask medical experts questions about vaccines and was updated to include more information for providers.

TAPI supplied articles for the quarterly "Immunications" newsletter produced and distributed to immunization providers by the Arizona Department of Health Services (ADHS) Immunization program. Bi-lingual education flyers, "Is Your Child Protected?" and vaccine safety concern flyers were revised and distributed. Additionally, reminder/recall postcards were printed and widely distributed to immunization providers throughout the state.

TAPI organized and conducted ten regional immunization programs with the Vaccines for Children Program and the Arizona State Immunization Information System for providers statewide. Three hundred fifty individuals from provider offices and health departments participated in the ten statewide trainings. The programs emphasized the importance of using resources such as reminder/recall cards and parent education flyers. Because of an incentive program initiated by the Arizona Immunization Program Office (AIPO) to increase completion of the 4th DTaP by 24 months of age, the demand for reminder/recall postcards and other materials required additional printing of several materials. TAPI developed a curriculum for pediatric offices that had fallen below the national average for immunization coverage of their patient population.

TAPI partnered with the ASU School of Nursing, in a training seminar for graduate level community nursing students, to instill the value of community partnerships in immunization, and fostered continued hands on learning through several internships. TAPI partnered with Maricopa County and ADHS to train medics to give shots in Fire Department sponsored Baby Shot clinics.

In cooperation with Arizona Immunization Program Office (AIPO), TAPI designed and mailed a provider satisfaction survey for the Vaccines for Children Program to 870 provider sites. Analysis of the survey data indicated 90 percent of respondents were very satisfied/satisfied with the program; 93 percent strongly agreed/agreed VFC representatives are knowledgeable and helpful; 78 percent strongly agreed/agreed that VFC reports were easy to complete, and 94 percent strongly agreed that VFC helped keep kids current on their immunizations.

TAPI partnered with Maricopa County, ADHS/AIPO, the Governor's Office, the Arizona Hospital Association and the Arizona Medical Association to develop a flu prevention outreach campaign that aimed to keep families healthy. The campaign ended with free flu shots being offered to underserved families. Over 20,000 doses of donated flu vaccine were given in community clinics and used to generate media coverage about the importance of flu prevention.

The Health Start Program educated pregnant and postpartum women about immunizations and many other health and behavioral health topics during and between pregnancies. The Community Health Workers provided visits with the clients to verify that they and their children up to age two are attending medical appointments and receiving needed immunizations. Referrals are made to immunization clinics and social and behavioral health programs as needed. Approximately 65% of Health Start children were fully immunized and 35% were not fully immunized.

During 2008 the County Prenatal Block Grant (CPBG) supported the monitoring of 1,022 children and infants under the age of two years to insure that they received the full scale of age appropriate immunizations. 1,500 additional parents were educated in the importance of age appropriate immunizations and the diseases they prevent.

The High Risk Perinatal Program (HRPP) Community Health Nurses monitored the immunization

status of the children enrolled in their program and continued to promote and facilitate immunizations. In order to communicate with all clients the importance of maintaining the immunization schedule many of the HRPP utilized bilingual Community Health Nurses and, if necessary, translation services.

The Bureau of USDA Nutrition Programs (BNP) coordinated statewide immunization record screening and referral by WIC staff to ensure proper timing of the DtaP shots in WIC children.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. TAPI designed, printed, and distributed immunization materials for parents and providers.			X	X
2. TAPI worked with managed health care plans to promote on-time immunizations for enrollees 0-18 yrs of age.			X	X
3. TAPI conducted educational/training programs to improve immunization practices of providers.				X
4. TAPI trained medical providers in immunization service delivery to decrease pockets of under-immunization.				X
5. Community Health Workers educated pregnant and postpartum women about the importance of immunization.			X	
6. Community Health Workers ensured clients attended medical appointments.		X		
7. High Risk Perinatal Program Community Health Nurses monitored the immunization status of enrolled infants.		X		
8. Arizona WIC participants were screened and referred for proper timing of the DtaP.		X		
9.				
10.				

b. Current Activities

TAPI is continuing to print and distribute immunization materials to public and private providers throughout the state. TAPI conducts additional trainings to certify Medics in Immunization delivery. TAPI will plan and conduct at least ten immunization workshops for staff of public and private clinics, medical offices, schools and other VFC enrolled sites. TAPI works with immunization service providers to ensure immunization services are available in underserved areas ("pockets of need").

The Health Start Program Community Health Workers continue to monitor the status of immunizations among enrolled children up to age two. Community Health Workers will provide education and promotion of the need for proper immunizations of all enrolled children and their families.

During the first three quarters of the state fiscal year, County Prenatal Block Grant contractors continue screening and educating new mothers on age appropriate immunizations. Workers attend health fairs and home visits to educate new parents and worked closely with other community groups such as school organizations, Health Start, and Early Head Start.

HRPP Community Health Nurses continue to monitor the immunization status of the children enrolled in their program and continue to promote and facilitate immunizations.

The Bureau of USDA Nutrition Programs (BNP) continues to coordinate statewide immunization record screening and referral by WIC staff to ensure proper timing of the DtaP shots in WIC

children.

c. Plan for the Coming Year
Provided that program funding continues to be available, TAPI will continue to print and distribute immunization materials to public and private providers throughout the state. TAPI will conduct additional trainings to certify Medics in Immunization delivery. TAPI will plan and conduct at least ten immunization workshops for staff of public and private clinics, medical offices, schools and other VFC enrolled sites. TAPI will meet and confer with managed care plans to promote and institute methods to ensure local health departments are reimbursed vaccine administration costs for AHCCCS enrolled children. TAPI will work with immunization service providers to ensure immunization services are available in underserved areas ("pockets of need") - areas/locations identified where children lack access to immunization services. TAPI will revise and update web site and print materials as needed to keep current with established Immunization recommendations and practices. TAPI will assist fire departments in developing new clinics in underserved areas.

Health Start Program will obtain the most current immunization requirements and distribute to contractors. Program will continue to review each immunization record of each woman and child up to age two to ensure immunizations are up to date. The Community Health Workers will continue to provide education on the importance of immunizations for the whole family and will direct them to immunization providers and other resources within their community.

The County Prenatal Block Grant is likely to be discontinued due to state budget reductions, so no further immunization services are expected through this program.

The HRPP Community Health Nurses will continue to monitor the immunization status of the children enrolled in their program and continue to promote and facilitate immunizations. In order to communicate with all clients the importance of maintaining the immunization schedule, many of the HRPP community Health Nurse are bilingual and if they are not bilingual they will continue to utilize appropriate translation services.

The Bureau of USDA Nutrition Programs will continue train WIC staff to screen and refer WIC participants to receive the proper timing of the DtaP shots. WIC will continue to assess screening and referral services and implement coordination between local WIC clinics and the Health Start program. The Office of Immunizations will continue to provide screening and referral training to WIC staff.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	41	35	35	34	33
Annual Indicator	35.8	34.1	34.0	32.3	32.3
Numerator	4227	4179	4450	4361	
Denominator	118082	122496	130905	134897	
Data Source					AZ Birth Certificates
Check this box if you cannot report the					

numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	32	32	32	32	32

Notes - 2008
2008 data are not yet available. The rate is provisionally set at the 2007 rate until the data becomes available in Fall 2009.

Notes - 2007
2007 data are not yet available. The rate is provisionally set at the 2006 rate until the data becomes available in Fall 2008.

Notes - 2006
2006 data are not yet available. The rate is provisionally set at the 2005 rate until the data becomes available in Fall 2007.

a. Last Year's Accomplishments
In the spring of 2008, budget reductions resulted in the loss of nearly $9 million in lottery revenue for teen pregnancy prevention programs. State funding for abstinence education was also eliminated. While many teen pregnancy prevention and abstinence education contracts were terminated, some programs continued through remaining lottery and federal abstinence dollars.

The Bureau of Women's and Children's Health Teen Pregnancy Prevention Program funded 14 of the 15 Arizona county health departments with lottery revenue to provide Teen Pregnancy Prevention programming to youth and parents. The program provided funding to the Navajo Nation directly while three other tribes were funded through the Inter-Tribal Council of Arizona. The funded programs have a youth development/service learning focus and/or provide parent education related to talking with your teens about responsible sexual health. Programs successfully developed partnerships with county juvenile probation offices in order to encourage participation in the program from youth on probation.

Three pilot programs were funded with lottery revenue through the Arizona Division of Behavioral Health to integrate teen pregnancy prevention messages into current programming. These programs were cancelled due to state budget cuts in 2008.

Seven abstinence programs were federally funded and focused on youth development/service learning.

The Teen Pregnancy Prevention Program worked with the Department of Education to establish a youth advisory council to provide input to the two state agencies on sexual health issues.

Arizona participated in a roundtable on teen pregnancy and youth in foster care sponsored by the National Campaign to Prevent Teen and Unplanned Pregnancy. The state agency overseeing foster care has incorporated training on sexual health of teens in their staff training.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**

	DHC	ES	PBS	IB
1. The Teen Pregnancy Prevention Program provided a youth development/service learning program to Juvenile Probation Youth and other high risk youth.			X	
2. The Teen Pregnancy Prevention Program provided parent education on how to talk to teens about responsible sexual behavior.			X	
3. The Teen Pregnancy Prevention Program provided technical assistance to providers of teen pregnancy prevention services.				X
4. The Teen Pregnancy Prevention Program provided abstinence education programming.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
If full funding is available, the Teen Pregnancy Prevention Program will continue to build on the strengths of the community-based projects that were funded in 2008. The Teen Outreach Program is the primary curricula being used in most of the programs. The Program will continue to support training for those who are teaching the curricula to ensure that they are implementing the program with fidelity.

In 2009, ADHS applied for federal FY09 Abstinence Education dollars. If the federal Abstinence Education Program is reauthorized by Congress, the Abstinence Program in Arizona will be expanded to include classroom education, and currently funded youth development projects will continue. Without Congressional approval, the currently funded abstinence programs will end on June 30, 2009.

c. Plan for the Coming Year
Continuation of Teen Pregnancy Prevention programs for 2010 is fully dependent on funding. If lottery revenue continues, the county health departments and tribal youth development/service learning programs will continue. ADHS plans to continue funding Abstinence Education in 2010 if the program is reauthorized by Congress.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	30	25	36.5	36.5	36.5
Annual Indicator	24	36.2	36.2	36.2	36.2
Numerator					
Denominator					
Data Source					AZ Office of Oral Health survey
Check this box if you cannot report the numerator because					

1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	36.5	37	37	37	37

Notes - 2008
The figure for 2008 is from a statewide oral health survey of over 80 communities, for 1999-2003. This survey will be re-done for each needs assessment year, with the next survey scheduled for 2010.

Notes - 2007
The figure for 2007 is from a statewide oral health survey of over 80 communities, for 1999-2003. This survey will be re-done for each needs assessment year, with the next survey scheduled for 2010.

Notes - 2006
The figure for 2006 is from a statewide oral health survey of over 80 communities, for 1999-2003. This survey will be re-done for each needs assessment year, with the next survey scheduled for 2010.

a. Last Year's Accomplishments
The Office of Oral Health used data for the sealant indicator performance measure from the statewide oral health survey of over 80 communities, for 1999-2003. A new survey was launched in October of 2008 and is scheduled for completion in 2010. During the 2007/2008 school year, the Arizona Dental Sealant Program provided dental screenings and referrals to 10,481 children and 29,628 dental sealants to 7,860 children attending eligible public schools. Eligible schools are those with at least 65 percent of students participating in the National School Lunch Program (free/reduced lunch program). Students may participate if they attend an eligible school, are in 2nd or 6th grade, have informed parental consent, and do not have private dental insurance. Uninsured children, Medicaid and SCHIP beneficiaries, those covered by Indian Health Services or by state-funded tobacco tax health care program were eligible to receive sealants. Collaboration with the Bureau of Health Systems Development enabled expansion to two contracted primary care clinics.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Office of Oral Health provided dental sealants to high-risk children.			X	
2. Office of Oral Health evaluates the dental sealant program.				X
3. Office of Oral Health collaborated with key stakeholders to expand services.				X
4. Office of Oral Health conducted open mouth survey on sealant prevalence.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
The Office of Oral Health joined the Bureau of Women's and Children's Health in 2009. The Office of Oral Health continues to provide an evidenced-based sealant program that is currently active in seven Arizona counties with efforts being made to increase student participation as well as number of schools served. Lack of providers in rural areas is a barrier to expansion to rural populations. Increased use of Affiliated Practice Hygienists will be promoted as one strategy to reach rural counties. Efforts also include promotion of the recommendation to establish a 'dental home' by utilizing Affiliated Practice Dental Hygienists employed by Community Health Centers to provide sealants to neighboring schools and refer those children to the Center dental clinic for follow-up care. Working with Centers that have already established school-based health clinics is also being emphasized. In an effort to increase the rate of return of consent forms several small pilot projects have been implemented but the results have not shown significant improvement in the return rate. The Office of Oral Health will continue to pursue this problem with additional pilot projects. The sealant indicator survey is being conducted and includes collection of height and weight that will constitute baseline data for Arizona. The survey is also collecting information on asthma prevalence. Approximately 8,000 3rd grade children statewide will participate.

c. Plan for the Coming Year
The Arizona Dental Sealant Program will continue to provide dental screenings, referrals and dental sealants to high-risk children and focus on increasing the number of children served and the rate of return of consent forms. Collaborations and outreach to expand the program to new service areas will continue. New delivery models for the dental sealant program such as integrating with community health centers will continue. The Office of Oral Health will review the efficiency of the dental sealant program and make recommendations for improvement.

The affiliated practice dental hygienist/teledentistry sites being established through a HRSA grant will have five sites active in 2009. This model will be evaluated for effectiveness and future potential to deliver services to rural areas. The sealant indicator survey will continue to collect data on the prevalence of dental sealants in 3rd grade children through the fall of 2009 and analyze and report the data in 2010.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	5.9	5	4.2	4	4
Annual Indicator	4.5	4.2	4.0	4.0	4
Numerator	58	56	55	57	
Denominator	1300444	1347557	1390127	1412725	
Data Source					AZ Death Certificates
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	3.8	3.5	3.5	3.5	3.5

Notes - 2008
Data for 2008 are not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data become available in the Fall of 2009. Estimates for 2001 on reflect motor vehicle death rates for all children ages 0-14. Prior to 2001, estimates were based on ages 1-14.

Notes - 2007
Data for 2007 are not yet available. The estimate for 2007 is provisionally set at the 2006 rate until data become available in the Fall of 2008. Estimates for 2001 on reflect motor vehicle death rates for all children ages 0-14. Prior to 2001, estimates were based on ages 1-14.

Notes - 2006
Data for 2006 are not yet available. The estimate for 2006 is provisionally set at the 2005 rate until data become available in the Fall of 2007. Estimates for 2001 on reflect motor vehicle death rates for all children ages 0-14. Prior to 2001, estimates were based on ages 1-14.

a. Last Year's Accomplishments
In 2008, the 15th Annual Child Fatality Review report was produced, summarizing reviews of all child deaths that occurred in Arizona during 2007. In 2007, there were 122 deaths among children in Arizona due to motor vehicle crashes. Sixty percent (73) of the victims were ages 14 years and younger. Twenty-three children were killed by drivers who were impaired by alcohol. Fifty children were not properly restrained in vehicles. The most frequent contributing factors to motor vehicle crash deaths were excessive driving speed, lack of vehicle restraints, and drugs and/or alcohol. The Child Fatality Review annual report was used to support legislation introduced in the 2008 session related to reduction of motor vehicle crash deaths, including a proposed enactment of booster seat legislation (bill was not passed).

During state fiscal year 2008, 385 families received car seat education, training, inspections and free car seats through the County Prenatal Block Grant (CPBG).

High Risk Perinatal Program (HRPP) Community Health Nurses monitored car seat usage with every home visit and continued to educate the families on the importance of car seat usage.

The Title V Community Health Grants (CHG) funded four car seat safety projects throughout the state and through these programs, 1409 car safety seats were installed with accompanying education including self-installation of the child car seat by the caregiver/parent. Grant funded projects checked 565 infant car seats in local communities for proper installation, wear, damage, or product recalls. Projects also assessed and measured 440 preschool children for booster seat use. An additional 28 booster seat classes were provided to preschool and kindergarten students.

Two Title V funded county contractors partnered together with Safe Kids, Horne Auto, Lakeside Fire, and Boy Scouts of America to hold a large event at the Cub Scout Day Camp. Information included vehicle safety, not playing in the trunk or with the emergency release lever, not playing in or around vehicles, how fast a vehicle's temperature can elevate, and booster seat awareness. Attendees included 131 scouts ages seven to 10, leaders, and some parents.

Title V Community Health Grants provided 5,258 students with education on seat belt safety, crash dynamics, and the danger of drugs and alcohol while operating a vehicle through schools, community presentation and community events. The projects also educated 5,840 community members about the importance of and the methods of seat belt safety, reducing transportation related injuries, and keeping their children safe. Twelve child car seat safety events were conducted and 39 new Child Car Seat Safety Technicians were certified.

Seven events to address seat belt safety, car seat safety, and the dangers of drugs and alcohol were held to reach organizations that work with the Native American population. An additional two events were held educating Native Americans on the proper use and installation of vehicle restraints. 192 Native American women completed a car seat safety course and received new car seats. All of the Community Health Grants include outreach to racial/ethnic minorities.

Each Community Health Grant contractor partnered with a variety of organizations including Head Start, Women Infants and Children, Partners USA Baby, Channel 15 News, St Joseph's Hospital, Univision, AAA Arizona, Home Auto, local fire department, Boy Scouts of America, schools, a detention center, medical transport company, the Governor's Office of Highway Safety, and Safe Kids Coalition. One of the contractors is registered as a permanent car seat fitting station with Safe Kids World Wide.

The Health Start Program funded five Community Health Workers to attend Car Seat Safety Technician training and 10 to receive recertification training. The Community Health Workers provided 15 car seat safety education classes and educated over 200 pregnant women and their families.

The Injury Prevention Program built capacity for child passenger safety through providing certified car seat training, particularly in tribal communities. The program helped to revise the Indian Health Services' Safe Native American Passengers curriculum, and helped to develop CEU curriculum on using car seats in ambulances and airplanes.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Child Fatality Review Program reported on motor vehicle crashes among children.				X
2. County Prenatal Block Grant provided car seats and/or training to parents when no other funding source was available			X	
3. County Prenatal Block Grant included importance of proper car seat use in prenatal classes.			X	
4. High Risk Perinatal Program educated parents about car seat safety.			X	
5. High Risk Perinatal Program monitored car seat usage with every home visit.		X		
6. Title V Community Health Grants provided child car seat safety education and correct self-installation of the car seat.			X	
7. Injury Prevention Program provided car seat safety technician training.				X
8. Injury Prevention Program assisted with development and update of car seat safety curriculum.				X
9.				
10.				

b. Current Activities

The Child Fatality Review (CFR) annual report recommends legislation be re-introduced in the 2009 session related to reduction of motor vehicle crash deaths, including a proposed enactment of booster seat legislation. The annual report recommends education efforts regarding the dangers associated with children riding or driving all terrain vehicles. CFR also recommends that the Arizona Department of Transportation create a new class for all terrain vehicle registration to enable enhanced, consistent injury surveillance and monitoring of all terrain vehicle use in

Arizona.

The CFR will review deaths of children due to all causes, including motor vehicle crashes. The CFR will continue to provide specialty data reports for local, statewide, and national initiatives to reduce preventable child fatalities.

The Title V Community Health Grant Program continues to fund the four contractors that are addressing motor vehicle crashes among children and promoting vehicle safety. These grants are funded through 2010.

The Injury Prevention Program builds capacity for child passenger safety through providing certified training and continuing education for recertification. Courses will add an additional 60-70 technicians throughout Arizona. The program is also collaborating with OCSHCN to ensure Children's Rehabilitative Clinics are connected to car seat safety technicians trained in special health care needs.

c. Plan for the Coming Year

The Child Fatality Review Program will continue to review the deaths of all children in Arizona to identify preventable factors and to conduct surveillance of the causes and circumstances surrounding these deaths. The 17th annual report will be produced in 2010. The CFR Program will analyze any trends observed due to the enactment of graduated driving license restrictions for teen drivers (enacted July 1, 2008).

HRPP Community Health Nurses will continue to monitor car seat usage with every home visit and continue to educate the families on the importance of car seat usage.

The Title V Community Health Grants will continue to fund the four contractors that are addressing the problem of motor vehicle injuries and deaths among children and to promote vehicle safety. Grants are funded through 2010.

The Injury Prevention Program will work with the Governor's Office of Highway Safety to map Arizona child passenger safety infrastructure to determine where training should be directed.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			38	38	50
Annual Indicator		37.6	46.5	43.7	51.7
Numerator					
Denominator					
Data Source					CDC National Immunization Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a					

3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	50	50	50	50

Notes - 2008
Prior to 2006 the source of this performance measure was the "Mother's Survey", Ross Products Division, Abbott Laboratories, Inc.

Notes - 2007
Source: The CDC National Immunization Survey ; Table 2. Geographic-specific Breastfeeding Rates among Children born in 2004(http://www.cdc.gov/breastfeeding/data/NIS_data/data_2004.htm). Prior to 2006 the source of this performance measure was the "Mother's Survey", Ross Products Division, Abbott Laboratories, Inc.

Notes - 2006
Source: "Mother's Survey", Ross Products Division, Abbott Laboratories, Inc. Data for 2006 is not yet available. The estimate for 2006 is provisionally set at the 2005 rate until data for 2006 become available.

Data for the 2005 datapoint is the percent of mothers breastfeeding at 6 months of age for 2004.

a. Last Year's Accomplishments
The Health Start Program educates pregnant and postpartum women about prenatal care, nutrition, and the benefits of breastfeeding. Community Health Workers receive training on breastfeeding and many other topics. The program increased outreach to the most vulnerable populations, Native Americans and African Americans, in targeted communities to focus on new prenatal enrollments. Approximately 42% of the prenatal clients committed to breastfeeding their baby in 2008.

The County Prenatal Block Grant (CPBG) builds infrastructure by providing breastfeeding education to contractors. During state fiscal year 2008, 689 pregnant or postpartum women were provided with education on breastfeeding and/or support from lactation counselors through the CPBG.

Former Governor Napolitano reestablished the Commission on Women's and Children' Health (GCWCH) in April 2008. The Commission chose to focus primarily on the promotion of nutrition and physical activity for a healthy weight. Selection of this focus area recognizes the following: Obesity is one of the most serious health problems in Arizona and affects Arizonan's of all ages and socioeconomic groups. The Commission's proposed actions were focused on policy and environmental change that will promote improved nutrition and increased physical activity where Arizonans learn, live, and work and can be implemented with limited resources by the Commission and its partners. One of the first work groups started under the Commission was the worksite wellness group. This group will support breastfeeding at work policies and programs.

Under the Licensed Midwife Program, licensed midwives continued support for postpartum nursing through the six week evaluation.

The High Risk Perinatal Program (HRPP) contracted with every NICU in the state. Each NICU had a lactation consultant available to help encourage and support breastfeeding. The hospitals also facilitated the use of a breast pump for mothers of infants unable to breastfeed at that time. When mothers were discharged they were able to either contact the NICU with concerns about breastfeeding or discussed the concern with the HRPP Community Health Nurse during a home visit. Many of the Community Health Nurses are Certified Lactation Consultants.

The BWCH Hotlines are staffed by two bilingual Certified Lactation Consultants who answered calls from around the state with concerns about breastfeeding. ADHS provided training and technical assistance to the 24-Hours Breastfeeding Hotline staff to enhance services provided to callers.

The Arizona Department of Health Services (ADHS), Bureau of USDA Nutrition Programs (BNP) continues the statewide coalition called LATCH-AZ, which aims to serve as an umbrella coalition to bring together breastfeeding advocates with the WIC community and provide educational and networking opportunities.

Scholarships to lactation courses were offered to WIC staff and selected community partners and CLC training was provided to 75 WIC and Community partners. Funding has continued for four WIC agencies to continue breastfeeding peer counseling programs. Additional breast pumps have been purchased for the breast pump loan program through WIC so that wait lists can be avoided and Lactina hospital grade pumps are made available to WIC participants in addition to the Medela Pump-In-Style to support mom's returning to work or school.

The Nurse Family Partnership program in Yavapai County is partly funded through a Title V Community Health Grant. The Nurse Family Partnership program is an evidence-based national program that provides education and support for first time mothers through regular home visits from a public health nurse. Each participant received education and support related to breastfeeding. Of all infants born to mothers participating in the program, ninety percent were breastfeeding at the time of discharge from the hospital.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Health Start Community Health Workers educate pregnant and postpartum women about breastfeeding.		X		
2. County Prenatal Block Grant provided the public with educational materials on importance of breastfeeding.			X	
3. HRPP Community Health Nurses assisted with breastfeeding.		X		
4. Bilingual Certified Lactation Consultants answered BWCH Pregnancy and Breastfeeding Hotlines.			X	
5. WIC conducted free lactation education and networking events and provided scholarships for training.			X	
6. Title V Community Health Grant provided breastfeeding education and support.		X		
7.				
8.				
9.				
10.				

b. Current Activities

The Health Start Program conducted the Health Start Annual Meeting in March 2009. Many Community Health Workers attended sessions on breastfeeding and lactation counselor training.

Through March 2009, the County Prenatal Block Grant provided education and supportive services related to breastfeeding.

The worksite wellness workgroup of the Governor's Commission on Women's & Children's Health (GCWCH) will begin establishment of a Worksite Wellness Employer Recognition Program during 2009. Breastfeeding at work policies will be incorporated into the criteria for programs being

recognized. GCWCH included breastfeeding promotion as part of the National Women's Health Week activities in May.

The HRPP contracts with every Newborn Intensive Care Unit (NICU) in the state. When mothers are discharged they are able to either contact the NICU with concerns about breastfeeding or discuss the concern with the HRPP Community Health Nurse during a home visit.

The BWCH Hotlines are staffed by two bilingual Certified Lactation Consultants who answer calls regarding breastfeeding.

The BNP 5-year Breastfeeding Strategic Plan has been finalized and distributed to WIC and community partners. Free, quarterly lactation education is provided to urban and rural health professionals and paraprofessionals through statewide coalition LATCH-AZ.

c. Plan for the Coming Year

The Health Start Program will continue to provide access to breastfeeding education classes so that Community Health Workers have the knowledge and training to promote and encourage all clients to commit to breastfeeding. The Program will increase the number of Community Health Workers that are certified breast feeding counselors, certified lactation counselors and certified breast feeding educators.

The Licensed Midwife Program will continue to complete research for nursing changes related to nutritional aspects for infants and better care of the mother to improve their ability to nurse.

HRPP will continue to contract with every NICU in the state. Each NICU has a lactation consultant available to help encourage and support breastfeeding. The hospitals will also continue to facilitate the use of a breast pump for mothers of infants who are still too ill to breastfeed. When mothers are discharged they will be able to either contact the NICU with concerns about breastfeeding or discuss the concern with the HRPP Community Health Nurse during a home visit. Many of the Community Health Nurses are Certified Lactation Consultants.

The BWCH Hotlines will continue to be staffed by two bilingual Certified Lactation Consultants who will answer calls from around the state with concerns about breastfeeding.

The breast pump loan program will continue to be a service through WIC local agencies. Peer counseling services will be provided through selected local WIC agencies and expanded to serve all counties. WIC staff from local agencies will perform outreach efforts through the "Adopt a Doctor" program. This involves having staff visit clinics and to inform providers about WIC breastfeeding support. The state will support this initiative by tracking visits and providing materials for local agencies to use in this effort.

Low-income pregnant women and teens will participate in the Nurse Family Partnership program sponsored through a Title V Community Health Grant. Each participant will receive education and support related to breastfeeding.

The County Prenatal Block Grant is likely to be discontinued due to state budget reductions.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	98	98.5	98.8	97	97
Annual Indicator	98.3	98.2	96.3	95.4	98.3
Numerator	96876	94750	98363	97986	97496
Denominator	98551	96487	102095	102687	99215
Data Source					AZ Early Hearing Detection and Intervention Prog.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	98	98	99	99	99

Notes - 2008
All 49 birthing hospitals in Arizona continue to voluntarily screen for hearing and follow the mandate to report initial and subsequent screens. Of the infants not screened prior to hospital discharge, 44 % returned for outpatient screens, most within 30 days.

Notes - 2007
The data reported are estimated from 45 of 49 birthing hospitals. There are now 49 reporting hospitals; 48 birthing facilities and 1 children's hospital that provide screens to neonatal intesive care unit infants. All sites voluntarily screen and are mandated to report data weekly. Although 97, 986 infants were screened prior to hospital discharge, another 475 were given an initial screen as part of outpatient services. This occurred because some infants were transferred prior to screening.

Notes - 2006
The rates of newborn hearing screening from previous years were based on a combination of reported screen results and inferred rates from non-reporting screening sites. Due to the promulgation of rule this year, requiring providers to report newborn hearing screening results, the newborn hearing screening rate for 2006 is based on actual reported data from all birthing hospitals.
Newborn Screening Rules were approved in April 2006. Two of the 47 birthing hospitals began reporting after the rules had been approved. Two hospitals began birthing services during 2006. Of the 47 hospitals 102,095 babies were born (Vital Records) and 98,363 were screened before discharge (HI*Track).

a. Last Year's Accomplishments
Arizona is surpassing the Healthy People 2010, Object 28-11 goal of screening 90% of all infants by one month of age, as 96% (97,496) of those babies born in Arizona in 2008 received a hearing screen prior to discharge. All 49 birthing hospitals continue to voluntarily screen for hearing and follow the mandate to report initial and subsequent screens. Of the infants not screened prior to hospital discharge, 44 % returned for outpatient screens, most within 30 days.

The Arizona Early Hearing Detection and Intervention (AzEHDI) program has made significant progress in several areas over the past year. Most notably are changes in the Arizona Department of Health Services (ADHS) follow-up program, education of audiologists, medical

home providers and hospital programs, development of a Guide By Your Side (GBYS) program through the Arizona chapter of Hands and Voices and expansion of the involvement of stakeholders in the EHDI process.

Hearing screening is mandated in all private, public, transitional, and charter schools in Arizona. In 2008 the Arizona Department of Health Services, Sensory Program contracted with University of Arizona Train the Trainer (T3) Program to provide Vision Screening training, in addition to Hearing Screening. During school year 2008, 16 new T3 hearing and vision screening trainers were trained and approximately 900 hearing screeners were trained. In the school year 2007-2008, 608,572 students were screened and 1,591 were identified for the first time with a hearing disorder. The Sensory Program monitors school compliance with the Arizona Hearing Screening Rules. The Program loans hearing screening equipment to schools upon request. The Program also is responsible for this equipment to make sure they have been properly calibrated and repaired if needed.

The Sensory Program participated in the Statewide Vision Screening Initiative. This taskforce was convened by Vision Quest 20/20 in partnership with the Arizona Department of Health Services. Members invited to attend task force meetings included representatives from Vision Quest 20/20, the Sensory Program, the Arizona Department of Education, Arizona School for the Deaf and Blind, the Arizona School Nurse Consortium, the School Nurse Organization of Arizona, optometrists, ophthalmologists, and others. The taskforce developed recommendations for promoting better children's vision health.

The ADHS reviewed with midwife community regarding who is completing the hearing screening following the infant's birth. Thus far only 1 midwife is completing the hearing screening tests. The remainder of the midwives have provided information where to obtain the testing or are referring the families to a pediatrician or hospital facility for review of the newborns ability to hear.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Newborn Screening Program provided on-site technical assistance and training for hearing screening.				X
2. Newborn Screening Program is enhancing education for parents and providers.			X	X
3. Sensory Program collaborated with the University of Arizona to train hearing screening trainers.				X
4. Sensory Program disseminated information about mandatory school hearing screening and ADHS Rules.				X
5. Sensory Program purchased, repaired and calibrated hearing screening equipment.				X
6. Sensory Program partnered with the Statewide Vision Screening Initiative.				X
7. Midwife Licensing Program reviewed quarterly report documentation for information related to the newborn evaluations.			X	
8.				
9.				
10.				

b. Current Activities

The ADHS Newborn Screening follow-up team continues work to determine small tests of change that might impact the number of families who are able to meet the 1-3-6 goals. Although data are

not final, it is clear that there has been a significant impact based on the preliminary numbers for infants born in 2009.

Changes in the program that have been tested and found effective include: close contact with hospital screening programs to ensure that state follow-up efforts are focused on those infants who are not already in the screening or diagnostic process; on-site technical assistance to screening programs incorporating strategies to ensure that screeners more accurately record the disposition of infants including transfers, deceased, parental refusals; scheduled rescreens and inpatient versus outpatient screening results; and optimizing the timing of calls to hospitals versus parents or medical home providers. As well, increased focus of follow-up efforts on those who are considered at greater risk will be assessed, including those who have failed a two stage screen and those who referred on an inpatient screen and had a neonatal intensive care unit stay of greater than 5 days.

The Sensory Program provides hearing and vision screening training for screening of school-age children, monitoring of data, and audiometer loan-out to schools.

The Midwife Licensing Program continues to provide information related to hearing screening requirements to all licensed midwives.

c. Plan for the Coming Year

Through continuous education and data analysis, our goals are to reduce the numbers of unsatisfactory specimens received, and to refine the positive and negative predictive values of analytes, thereby improving testing specificity. Also, through culturally sensitive materials, continue to educate parents about the need for a second screen, timely referrals to specialists, and access to CRS, OCSHCN, AzEIP, and other local resources. Performance measures will be reviewed to ensure laboratory standards are met.

Reviewing and updating brochures as well as expanding provider educational materials are planned. As new disorders are added or analyte cut off values changed, materials will be revised. Internal employee training manuals will be updated, and continuous education on evidence based laboratory and case management services will be explored.

The Sensory Program will continue contracting with the University of Arizona to train hearing and vision screening trainers, disseminate newsletters to all known schools, and continue to provide technical assistance to school health nurses.

The Sensory Program will work with Vision Quest 20/20 and other stakeholders to begin implementation of recommendations to improve vision screening in Arizona. Implementation includes updating of vision screening guidelines and creation of an inventory of vision screening resources.

The Midwife Licensing Program will set up training for midwifery community with newborn screening program as new information comes available. The ADHS will seek to make progress on revisions of the Arizona Administrative Code, Title 9, Chapter 16, Article 1 in order to capture data relevant to this measure.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**

Annual Performance Objective	14	14	14.5	16.5	16.3
Annual Indicator	14.7	16.7	17	17	13.8
Numerator					
Denominator					
Data Source					US Census
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	16	15.9	15.7	15.7	15.7

Notes - 2008
Estimates were revised based adjustments made by the US Census (http://www.census.gov/hhes/www/hlthins/historic/hihistt5.xls). The point estimate has a standard error of 1.50. Data for 2008 not yet available. The estimate for 2008 is provisionally set at the 2007 estimate until the data become available in the Fall of 2009.

Notes - 2007
Estimates were revised based adjustments made by the US Census (www.census.gov/hhes/www/hlthins/historic/hihistt5.html). Data for 2007 not yet available. The estimate for 2007 is provisionally set at the 2006 estimate until the data become available in the Fall of 2008..

Notes - 2006
Data for 2006 not yet available. The estimate for 2006 is provisionally set at the 2005 rate until data become available in the Fall of 2007.

a. Last Year's Accomplishments
The Medical Home Project (MHP) continued to link uninsured children that do not qualify for AHCCCS with medical providers. The MHP is available in eight out of 15 counties in Arizona. In 2008, the Medical Home Project made 165 referrals to primary care physicians and 251 referrals to specialists were made for school age children and younger siblings of school age children. Each year, the number of specialist referrals through the MHP has increased. This reflects the higher level of care provided through the MHP. Services provided through the MHP included 70 eyeglasses; 48 diagnostic laboratory services; and 143 prescription medications. The Medical Home Project has 65 primary care physicians providing acute care services, five physicians willing to provide a true medical home, 53 specialty physicians and 889 referral sources. In addition, the MHP added a dentist to the list of participating providers. The MHP has bilingual and bicultural support staff available to address the cultural diversity of the population served in Arizona. In addition, wherever possible, Spanish-speaking families are referred to bilingual physician's offices. All written materials about this program are available in both English and Spanish.

The High Risk Perinatal Program (HRPP) Community Health Nurses assessed the health insurance status of each client throughout program enrollment. Families were educated about the importance of establishing and maintaining a medical home and assisted in overcoming the barriers to accessing health care. With every home visit the Community Health Nurses assessed the insurance status of the family and assisted the family to access insurance.

The BWCH Hotline staff assisted callers with prescreening for Arizona's Medicaid health plan and helped link callers to services.

The Health Start Program Community Health Workers reviewed and assessed the health insurance status of every client throughout enrollment in the program. Families were provided assistance in applying for coverage and finding prenatal care providers in their community.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medical Home Project provided uninsured children with health care service	X			
2. Medical Home Project screened children for AHCCCS eligibility and refer as appropriate.		X		
3. HRPP Community Health Nurses educate the family on the importance of maintaining a medical home.			X	
4. High Risk Perinatal Project assisted families in accessing insurance.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

During 2009 ADHS opened a Request for Proposal to provide medical home services. The Medical Home Project continues to link uninsured children that do not qualify for AHCCCS with medical providers. The MHP continues to provide acute care services to school age children and to younger siblings of school age children. The MHP continues to provide a true medical home to a small number of families. The Medical Home Project continues to seek additional providers and school nurses and public health nurses to refer children to the Medical Home Project. The Medical Home Project assists Hispanic families in accessing appropriate resources to prevent duplication of services. All written materials about this program are available in both English and Spanish.

The HRPP Community Health Nurses continue to assess the health insurance status of each client throughout program enrollment. Families are educated about the importance of establishing and maintaining a medical home and assisted in overcoming the barriers to accessing health care. With every home visit the Community Health Nurses assesses the insurance status of the family and assists the family to access insurance. The program works closely with AHCCCS, Arizona's Medicaid agency, to ensure families receive coverage as quickly as possible.

The BWCH Hotline staff assist callers with prequalifying for Arizona's Medicaid health plan and links them to needed services. Health Start assists clients in applying for Medicaid coverage.

c. Plan for the Coming Year

The Medical Home Project will continue to link uninsured children that do not qualify for AHCCCS with medical providers. The MHP will continue to recruit additional physicians to provide services to children and increase the number of participating school nurses, public health nurses, and

Head Starts that refer children to the MHP. The goal will also be to continue to increase the number of children who receive a true medical home from the Medical Home Project.

The HRPP Community Health Nurses will continue to assess the health insurance status of each client throughout program enrollment. Families will continue to be educated about the importance of establishing and maintaining a medical home and assisted in overcoming the barriers to accessing health care. With every home visit the Community Health Nurses will continue to assess the insurance status of the family and assist the family to access insurance.

The BWCH Hotline staff will continue to assist callers with prequalifying for Arizona's Medicaid health plan and linking them to needed health and social services.

The Health Start Program and Family Planning Programs will continue to ensure all eligible clients apply for insurance coverage through AHCCCS, the state's Medicaid agency.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			35	35	34.5
Annual Indicator		35.1	35.6	36.9	37.3
Numerator		31345	31537	34535	38670
Denominator		89325	88620	93555	103755
Data Source					AZ WIC Program database
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	34.5	34.5	34	34	34

a. Last Year's Accomplishments
Former Governor Napolitano reestablished the Commission on Women's and Children' Health in April 2008. The Commission is charged with identifying priorities and advising the Governor on effective policies and practices to improve health and wellness of women and children. The Commission launched in September 2008 and completed an action plan in December 2008.

As required by Executive Order 2008-18, the Commission assessed the health status of Arizona's women and children, using key indicator data provided by the Arizona Department of Health Services. After review of the data, the Commission established criteria for selecting a primary focal area to concentrate efforts. The focal area chosen should be amenable to policy and environmental change, sustainable, allow the Commission to have an impact by 2010, and result in long-term health benefits across the state with existing funding or at no cost to the state. It was also a top priority to build on existing efforts and leverage knowledge and projects already underway.

The Commission chose as its focal area the promotion of nutrition and physical activity for a healthy weight. The Commission's proposed actions were focused on policy and environmental change that will promote improved nutrition and increased physical activity where Arizonans learn, live, and work and can be implemented with limited resources by the Commission and its partners.

The Bureau of USDA MCH Nutrition Team continues to work closely with AHCCCS (Arizona Health Care Cost Containment System--Medicaid) in promoting early intervention in childhood obesity and appropriate referrals for WIC children.

"Fit WIC" group classes and incentives in association with Arizona Nutrition Network have also been initiated in 21 Arizona WIC local agencies including nutrition and physical activity education curriculum for healthy lifestyles after a successful pilot with Mariposa Community Health Center. The goals of the Fit WIC program for children is to increase their physical activity through caregiver education; introduce children to good nutrition; and stress the importance of physical activity through activities in WIC.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Governor's Commission on Women's & Children's Health selected promotion of health weight as its priority area.				X
2. Continue Fit WIC programs			X	
3. USDA Nutrition provided overweight resources to health care providers in Arizona.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Commission on Women's & Children's Health started three work groups: a worksite wellness workgroup, a policy forum workgroup, and a Women's Health Week planning workgroup. The Commission and Governor's staff will work closely with ADHS to plan and implement a policy forum that will bring local, tribal and state policy makers together to create an obesity policy agenda for our state. The policy forum is planned for the fall of 2009.

Arizona WIC continues to work closely with Arizona Nutrition Network (AZNN)and the "Grow a Healthy Child" campaign. The second series of the "Healthy Eating" TV spot began airing statewide. The integrated marketing campaign includes AZNN, Arizona WIC, and Nutrition and Physical Activity Program (NUPA).

Arizona WIC also continues to work with AZNN on the "Go Low" campaign targeted at skim/lowfat milk and dairy choices for children. Fit WIC was expanded to include all 21 local WIC agencies. Arizona WIC is branding new education brochures and materials that will emphasize emotion-based messages in childhood obesity and health.

c. Plan for the Coming Year
The Commission will work with ADHS on next steps generated from the obesity prevention policy forum and any recommendations that emerge from the worksite wellness group.

Arizona State WIC will complete branding of new emotion-based education materials for obesity prevention.

The Bureau of USDA Nutrition Program will continue to assist Health Care Providers in Arizona in counseling and referring children to overweight prevention programs. Common statewide prevention messages will be developed and distributed. Nutrition curriculum will be developed for the management of overweight and obesity in children with special healthcare needs with emphasis of coordinated efforts in the management of energy needs in WIC children on tube feeds or supplemental nutrition products.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			5	5	4.5
Annual Indicator		5.4	5.1	4.7	4.9
Numerator		5128	5225	4826	4859
Denominator		95798	102042	102687	99215
Data Source					AZ Birth Certificates
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	4.2	4	4	4	4

Notes - 2008
The State of Arizona does not have a survey like PRAMS that would collect data related to smoking during the last 3 months of pregnancy. The only data available is from the birth certificate, which records wether or not the mother smoked during the pregnancy, but is not specific to the last 3 months of the pregnancy. Therefore, the percent reported is the percent of women giving birth in 2008 who smoked at any time during pregnancy.

Notes - 2007
The State of Arizona does not have a survey like PRAMS that would collect data related to smoking during the last 3 months of pregnancy. The only data available is from the birth certificate, which records wether or not the mother smoked during the pregnancy, but is not specific to the last 3 months of the pregnancy. Therefore, the percent reported is the percent of women giving birth in 2007 who smoked at any time during pregnancy.

Notes - 2006
The State of Arizona does not have a survey like PRAMS that would collect data related to smoking during the last 3 months of pregnancy. The only data available is from the birth

certificate, which records wether or not the mother smoked during the pregnancy, but is not specific to the last 3 months of the pregnancy. Therefore, the percent reported is the percent of women giving birth in 2006 who smoked at any time during pregnancy.

a. Last Year's Accomplishments
The Licensed Midwife Program provided informational materials to all midwives about the negative health outcomes associated with smoking during pregnancy and state MCH smoking cessation resources for pregnant women.

The BWCH bilingual Hotline staff referred pregnant women who called requesting smoking cessation information to the ADHS Tobacco Education and Prevention Program.

The Health Start Program provided training on tobacco cessation strategies for pregnant and postpartum women and their families at the annual meeting held March 2008. The training was attended by 52 community health workers and coordinators representing 15 contractors. The training included practice on providing a brief intervention to clients who disclosed smoking during pregnancy.

During the Title V Reproductive Health/Family Planning Program Annual Contractor meeting, a representative from the Tobacco Education and Prevention Program (TEPP) provided the group with information on how to do a three minute intervention, how to refer a patient to the program and what services the program provides. The TEPP representative also provided the contractors with new smoking cessation materials to use in the clinic and the contact information for the TEPP program in their area.

Over the past fiscal year, the Arizona Smoker's Helpline (ASHline), funded by the ADHS Bureau of Tobacco and Chronic Disease, increased its capacity considerably. For calendar year 2007, the total number of women who utilized the ASHline was 2,328, of which 56 women reported being pregnant and using tobacco. This accounted for 2.4% of all women who utilized ASHline. For calendar year 2008, 3,304 women utilized the ASHline, of which 43 reported being pregnant and using tobacco. This accounted for 1.3% of all women who utilized the ASHline.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The Midwife Licensing Program provided materials to the midwifery community regarding tobacco prevention programs.				X
2. BWCH bilingual Hotline staff refer pregnant women to ADHS tobacco education and cessation programs.		X		
3. Health Start and Family Planning Programs provided training to contractors on tobacco cessation.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
The licensed midwife program continues to inform the midwifery community of tobacco prevention services available to their pregnant clients.

BWCH bilingual Hotline staff continue to refer at-risk pregnant women to smoking cessation resources within the ADHS Tobacco Education and Prevention Program.

The Health Start Program provided Interconceptional Education and Counseling materials to contractors which are being utilized during family follow-up visits with the client. The topics address risk factors related to smoking, a smoking survey and techniques to help women quit or cut down on smoking during and between pregnancies. Community Health Workers refer any pregnant or postpartum woman who is using tobacco to local cessation programs and provide education on the health risks.

The Title V Family Planning/Reproductive Health Program collaborates with the county level Tobacco Education and Prevention Program to provide brief interventions and referrals for clients who are using tobacco. If a patient identifies herself as someone who uses tobacco during an exam or a pregnancy test, clinic staff provides information on smoking cessation and a referral to the county Tobacco Education and Prevention Program.

Public Health Prevention Services bureaus are collaborating on better integration of tobacco prevention and cessation strategies into existing programs.

c. Plan for the Coming Year

The Licensed Midwife Program will review tobacco prevention information for changes and share this with the midwifery community. The Licensed Midwife Program will seek to make progress on revisions of the Arizona Administrative Code, Title 9, Chapter 16, Article 1 in order to capture data relevant to this measure.

BWCH bilingual Hotline staff will continue to refer at-risk pregnant women to smoking cessation information provided by the Tobacco Education and Prevention Program.

The Health Start Program will conduct a training workshop on Tobacco Education and Cessation Strategies with Pregnant and Postpartum Women for the Community Health Workers and Coordinators for all contractors in 2010.

The Title V Family Planning/Reproductive Health Program will continue to work with the Tobacco Education and Prevention Program to provide smoking cessation interventions and referrals as needed.

In 2009 and moving forward, the Arizona Smoker's Helpline is increasing outreach efforts to priority populations, like pregnant women, by partnering with WIC and other programs.

Public Health Prevention Services bureaus will implement an action plan that enhances integration of tobacco prevention and cessation into existing programs. Bureau involved in this initiative include: Women's & Children's Health, USDA Nutrition Programs, Health Systems Development, and Tobacco and Chronic Disease Prevention.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance	2004	2005	2006	2007	2008

Data					
Annual Performance Objective	16.4	9.5	11.5	13.5	13
Annual Indicator	11.8	14.1	13.0	8.5	8.5
Numerator	49	61	57	38	
Denominator	417019	431964	439190	444825	
Data Source					AZ Health Status and Vital Statistics
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	12	11	10	10	10

Notes - 2008
Data for 2008 not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data become available in the Fall of 2009.

Notes - 2007
Data for 2007 not yet available. The estimate for 2007 is provisionally set at the 2006 rate until data become available in the Fall of 2008.

Notes - 2006
Data for 2006 not yet available. The estimate for 2006 is provisionally set at the 2005 rate until data become available in the Fall of 2007.

a. Last Year's Accomplishments
In 2008, the 15th Annual Child Fatality Report was produced, summarizing reviews of child deaths that occurred in Arizona during 2007. For the third time since its inception, the Child Fatality Review (CFR) Program reviewed 100 percent of child deaths that occurred in Arizona. During 2008, Child Fatality Review Teams reviewed the circumstances surrounding the suicides of 28 children that occurred during 2007. Thirty-one (75 percent) of the suicides were among children 15 through 17 years, and seven children (25 percent) were 14 years and younger. The most common methods of suicide were hangings and gunshot wounds. The most commonly identified contributing factors to child suicides were drug and/or alcohol use, access to firearms, and lack of mental health treatment.

One Title V Community Health Grant contractor held two community events which reached 500 teens, to promote awareness and prevention of suicide.

The Injury Prevention Program collaborated with the Division of Behavioral Health Services on a grant application that would include depression screening in emergency departments. The program also assisted with the new state plan on suicide prevention.

The Division of Behavioral Health Services provided information to BWCH program managers regarding behavioral health resources for women and children.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Child Fatality Review Program produces an annual report on the causes of child suicide.				X
2. Title V Community Health Grants supports community events increasing awareness and prevention of suicide.			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

For 2009, recommendations in the annual Child Fatality Review Report related to child suicides included developing education materials for parents with children of all ages regarding the safe storage and disposal of prescription medications and seeking to increase funding to improve youth substance abuse treatment services and accessibility to treatment.

In 2009, the Child Fatality Review Program will continue to review deaths of children due to all causes, including suicide. Reviews continue to identify circumstances surrounding each death and factors contributing to the death. The Child Fatality Review Program will continue to provide specialty data reports for local, statewide, and national initiatives to reduce preventable child fatalities.

The State Child Fatality Review Team will produce the 16th Annual Child Fatality Review Report in November, 2009. The report will include recommendations to reduce preventable deaths of children that occurred in 2008. The Child Fatality Review Program staff will continue to provide technical assistance to the local child fatality teams in the development and implementation of local culturally sensitive teams, and will identify and promote campaigns to educate the public on preventing child deaths.

A Title V Community Health Grant contractor is holding community events to promote awareness and prevention of suicide.

c. Plan for the Coming Year

The Child Fatality Review Program will continue to review the deaths of all children to identify preventable factors and will continue to conduct surveillance of causes and circumstances surrounding child suicides in Arizona. The Child Fatality Review Program staff will continue to provide technical assistance to the local child fatality teams in the development and implementation of local culturally sensitive teams, and will identify and promote campaigns to educate the public on preventing suicide among children. The 17th Annual Child Fatality Report will be produced and will include data on suicides and recommendations to prevent suicides among children.

A Title V Community Health Grant contractor will hold a community event to promote awareness and prevention of suicide. The grant is funded through 2010.

The Division of Behavioral Health Services will continue to participate in the ADHS Injury Prevention Advisory Council and the ADHS Internal Injury Prevention Workgroup. Programs in

the Bureau of Women's & Children's Health will continue to collaborate with the Division of Behavioral Health Services to help partners understand existing resources and service system.

Using federal materials from HRSA and SAMSHA, BWCH will work on promoting mental wellness messaging in existing maternal and child health programs.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	81.5	82	82	82	82.5
Annual Indicator	81.6	77.6	77.5	78.8	78.8
Numerator	805	868	960	971	
Denominator	986	1119	1238	1232	
Data Source					AZ Birth Certificates
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	83	83.5	84	84	84

Notes - 2008
Data for 2008 are not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data become available in the Fall of 2009.

Notes - 2007
The data source for this measures is birth certificate data for live births. Births in which the birth weight was recorded as being under 450 grams are excluded as a data quality measure, as it is unlikely that these records represent actual birth weights. Only facilities certified by the Arizona Perinatal Trust as level III facilities are included in the numerator. Banner Desert Samaritan became certified as a Level III on 10/1/02. Data for 2007 are not yet available. The estimate for 2007 is provisionally set at the 2006 rate until data become available in the Fall of 2008.

Notes - 2006
The data source for this measures is birth certificate data for live births. Births in which the birth weight was recorded as being under 450 grams are excluded as a data quality measure, as it is unlikely that these records represent actual birth weights. Only facilities certified by the Arizona Perinatal Trust as level III facilities are included in the numerator. Banner Desert Samaritan became certified as a Level III on 10/1/02. Data for 2006 are not yet available. The estimate for 2006 is provisionally set at the 2005 rate until data become available in the Fall of 2007.

a. Last Year's Accomplishments
The maternal transport component of the High Risk Perinatal program (HRPP) continued funding for a centralized Information and Referral Service. This 1-800 telephone line offered toll free 24/7 consultation services by board certified Maternal Fetal Medicine (MFM) specialists throughout Arizona to providers caring for pregnant women who presented with high risk factors. Providers

make one telephone call to be connected with this service. If a transport is deemed necessary, the board certified Maternal Fetal Specialists determined the availability of the appropriate level of perinatal bed and authorizes and provides medical direction for the transport regardless of the woman's ability to pay. The MFM was able to utilize the perinatal screen of the EMSystem, a web-based program with real time information of perinatal bed availability in Arizona, including high-risk labor and delivery and Newborn Intensive Care Unit (NICU) beds. The program continued to fund all uncompensated care associated with the transport itself of pregnant women to Level II Enhanced Qualification or Level III perinatal centers.

During FY 2008, 1,455 women received maternal transport to the appropriate level of perinatal care. The HRPP continued to visit hospitals and providers to educate them about the availability of the transport system.

The Licensed Midwife Program reviewed quarterly reports from licensed midwives for any infants that were below 3000 grams. If the infant was below that weight the Program contacted the midwife who delivered the infant to determine if there were problems with either the delivery or the pregnancy.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. High Risk Perinatal Program transported high risk pregnant women to appropriate level of care regardless of ability to pay.	X			
2. High Risk Perinatal Program promoted public awareness of availability of transport.			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The maternal transport component of the High Risk Perinatal Program (HRPP) continues funding for a centralized Information and Referral Service. This 1-800 telephone line offers toll free 24/7 consultation services by board certified Maternal Fetal Medicine (MFM) specialists throughout Arizona to providers caring for pregnant women who presented with high risk factors. If a transport is deemed necessary, the board certified Maternal Fetal Specialists determines the availability of the appropriate level of perinatal bed and authorizes and provides medical direction for the transport regardless of the woman's ability to pay. The MFM is able to utilize the perinatal screen of the EMSystem, a web based program with real time information of perinatal bed availability in Arizona, including high risk labor and delivery and NICU beds. The program continues to fund all uncompensated care associated with the transport itself of pregnant women to Level II Enhanced Qualification or Level III perinatal centers.

The High Risk Perinatal Program is funded primarily with state general funds; while.the transport component is funded with EMS operating revenue. State budget cuts in this fiscal year reduced the program by about $1.4 million. As a result, the program modified eligibility criteria, reduced community nursing visits, and reduced or ended payments to providers. Further budget cuts are anticipated for the state fiscal year starting July 1, 2009.

c. Plan for the Coming Year

The plan for the High Risk Perinatal Program is contingent upon the amount of funding available. Assuming adequate funding remains, the maternal transport component of the High Risk Perinatal program (HRPP) will continue funding for a centralized Information and Referral Service. This 1-800 telephone line will continue to offer toll free 24/7 consultation services by board certified Maternal Fetal Medicine (MFM) specialists throughout Arizona to providers caring for pregnant women who presented with high risk factors. Providers will be able to continue to make one telephone call to be connected with this service. If a transport is deemed necessary, the board certified Maternal Fetal Specialists will determine the availability of the appropriate level of perinatal bed and authorize and provide medical direction for the transport regardless of the woman's ability to pay. The MFM will be able to utilize the perinatal screen of the EMSystem, a web based program with real time information of perinatal bed availability in Arizona, including high risk labor and delivery and NICU beds. The program plans to continue to fund all uncompensated care associated with the transport itself of pregnant women to Level II Enhanced Qualification or Level III perinatal centers. The HRPP will continue to visit hospitals and providers to educate them about the availability of the transport system.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	80	78	78	79	79
Annual Indicator	76.3	77.7	77.7	77.6	77.6
Numerator	71268	74453	79299	79683	
Denominator	93396	95798	102042	102687	
Data Source					AZ Birth Certificates
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	80	80	80	80	80

Notes - 2008

Data for 2008 are not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data become available in the Fall of 2009.

Notes - 2007

Data for 2007 are not yet available. The estimate for 2007 is provisionally set at the 2006 rate until data become available in the Fall of 2008.

Notes - 2006

Data for 2006 are not yet available. The estimate for 2006 is provisionally set at the 2005 rate until data become available in the Fall of 2007.

a. Last Year's Accomplishments

The Health Start Program is a preventative health program that provides case management in high risk communities with a focus on early access to prenatal care and improving birth outcomes. The Health Start Program educated pregnant and postpartum women about prenatal care, nutrition, the benefits of breastfeeding, danger signs of pregnancy, home safety, immunizations, insurance and many other health and behavioral health topics during and between pregnancies. The Program utilized Community Health Workers to identify pregnant and/or parenting women within their community and facilitate early entry into prenatal care. The Community Health Workers provided home and/or office visits and follow-up visits with the clients to verify that they and their children up to age two are attending medical appointments and receiving needed services. In 2008, Health Start provided educational services to 2,180 unduplicated enrolled clients. The program provided a total of 11,313 home and/or office visits. The program increased outreach to the most vulnerable populations, Native Americans and African Americans, in targeted communities to focus on new prenatal enrollments. Approximately 64% of Health Start clients entered the program in their first trimester of pregnancy. A Health Start 2008 Evaluation concluded that babies of Health Start mothers had higher gestational ages and/or full term when compared to non-Health Start mothers. Babies of Health Start mothers also had higher birth weights when compared to babies whose mothers were not in the program. The proportion of very low birth weight infants born to Health Start clients was approximately 1%.

The Office of Oral Health (OOH) provided information to educate health professionals on oral health before, during and after pregnancy, to improve access to oral care during pregnancy and thus improve oral health of infants and toddlers and promoted low cost clinics for oral care during pregnancy. OOH encouraged the AHCCCS Dental Director and Health Plans to develop policies regarding oral care during pregnancy and provided technical assistance to community-based organizations on the relationship of oral health and pregnancy and early childhood tooth decay.

During 2008, the County Prenatal Block Grant provided 3,987 pregnant women in all 15 counties with a range of prenatal services and classes focusing on early prenatal care, smoking, nutrition and exercise, oral health, labor and delivery, premature births, and basic health issues and its impact on birth outcome.

The ADHS Midwife Licensing Program reviewed data from 633 quarterly reports turned into the Department by midwifes with notation of any who began care after the first trimester to determine what the reasons were and why the mother had delayed care. The program reviewed this with the licensee to see if this is a pattern and review potential corrective action needed. The program completed enforcement action against the midwifery community who failed to turn in documentation that is required with 10 licensed midwives. These individuals were required to complete plans of correction to prevent a reoccurrence of the deficient practice in the future.

The BWCH Hotlines screened pregnant women for eligibility into Baby Arizona. Baby Arizona is a presumptive eligibility program consisting of perinatal providers who agree to see pregnant women while their eligibility into AHCCCS, Arizona's Medicaid, is being determined. These providers agree to provide a payment plan if the woman does not qualify for AHCCCS. If prescreening showed a woman was not eligible for AHCCCS, the Hotlines were able to refer them to other providers in their area who offer prenatal care for a sliding scale fee. The Hotline took 1,034 Baby Arizona calls in 2008.

The Arizona WIC program continued to screen pregnant women and refer them to prenatal services.

The state mandated Pregnancy Services Program provided funding to 13 agencies whose primary function was to serve pregnant women seeking alternatives to abortion. The funds paid

for options counseling, prenatal vitamins, and education on a number of topics related to maternal and child health. In 2008 the contractors provided the following education sessions; prenatal care - 1,998, preconception care -809, childhood immunization- 154, and parenting skills- 1,212. A total of 3,843 options counseling sessions were provided. This program was eliminated on June 30, 2008, due to state budget cuts.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Office of Oral Health educated health professionals on relationship of oral health and pregnancy risks.				X
2. Office of Oral Health provided support to affect AHCCCS policies regarding oral care during pregnancy.				X
3. Health Start Community Health Workers educated pregnant and postpartum women.		X		
4. Health Start Community Health Workers ensured clients and children attended medical appointments.		X		
5. County Prenatal Block Grant stressed the importance of preconception health and early prenatal care.			X	
6. Bilingual Hotline staff prescreened callers for Baby Arizona.		X		
7. Bilingual Hotline staff referred to providers offering sliding scale rates for prenatal care for pregnant women who would not quality for Medicaid.		X		
8. The Bureau of USDA Nutrition referred pregnant WIC participants for prenatal care.		X		
9.				
10.				

b. Current Activities

The Office of Oral Health (OOH) provides education to dentists on treatment protocols during pregnancy.

The Health Start Program educates pregnant and postpartum women about prenatal care, nutrition, the benefits of breastfeeding, danger signs of pregnancy, and home safety. The Program utilizes Community Health Workers to identify pregnant and/or parenting women within their community and facilitate early entry into prenatal care.

During the first three quarters of the state fiscal year, the County Prenatal Block Grant program provided education and supportive services and classes related to early prenatal care and its impact on birth outcome.

The BWCH Pregnancy and Breastfeeding Hotlines continue to screen pregnant women for eligibility into Baby Arizona. The March of Dimes provided the Bureau of Women's & Children's Health with funding to do new promotion of the Baby Arizona Hotline. Staff are working with March of Dimes to target organizations in neighborhoods most in need of outreach for early entry into prenatal care.

Bureau of USDA Nutrition promotes the benefits of early entry into prenatal care. WIC participants are referred and tracked, and WIC staff are trained to refer pregnant women for early prenatal care.

c. Plan for the Coming Year
Office of Oral Health will continue to enhance dental provider knowledge on women's oral health and pregnancy issues to increase referrals for dental care and offer technical assistance regarding dental treatment during pregnancy. The Office of Oral Health will also increase efforts to encourage AHCCCS to develop policies on oral care during pregnancy.

The Health Start Community Health Workers will continue to provide education and assist clients in obtaining prenatal care. The Community Health Workers will continue to follow-up with the clients to verify that they are attending prenatal care medical appointments and are complying with the physician's instructions. They will make referrals to community resources as appropriate, such as smoking cessation programs and alcohol/ substance abuse prevention and treatment programs in their community. They will continue to distribute the Arizona Resource Guides in English and Spanish to enrolled clients.

The County Prenatal Block Grant is a likely to be discontinued due to state budget reductions. Without funding, there will be no further services related to prenatal services through this program.

The BWCH Pregnancy and Breastfeeding Hotlines will continue to screen pregnant women for eligibility into Baby Arizona. Baby Arizona is a presumptive eligibility program consisting of perinatal providers who agree to see pregnant women while their eligibility into AHCCCS, Arizona's Medicaid, is being determined. These providers agree to provide a payment plan if the woman does not qualify for AHCCCS. If prescreening shows a woman is not eligible for AHCCCS, the Hotlines will continue to refer them to other providers in their area who offer prenatal care for a sliding scale fee. The Hotline will continue to maintain and update a database of participating providers and providers offering reduced rates and sliding scale rates. BWCH will continue to work with March of Dimes, AHCCCS, and other partners to promote awareness of Baby Arizona. BWCH will implement an evaluation of the new promotion of Baby Arizona to determine whether there was an increase in calls to the Hotline and which targeted locations for the promotion were most effective.

Arizona WIC participants will continue to be referred and tracked for access to prenatal services, and new WIC staff will be trained to refer pregnant women for early prenatal care. WIC staff will continue to regularly meet with AHCCCS coordinators.

D. State Performance Measures

State Performance Measure 1: *Proportion of low-income women who receive reproductive health/family planning services.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	17.9	11	50	50	51
Annual Indicator	49.2	49.2	49.2	49.2	47.4
Numerator	126442				129616
Denominator	256879				273417
Data Source					AZ Family Planning Council survey
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**

Annual Performance Objective	51	51	51	51	51

Notes - 2007
Starting with the 2004 data point, the numerator is women at or below 200% FPL who received family planning services through Title V, TItle X, Title XIX, or 330/340 Federally Funded Community Health Centers. The denominator is women at or below 200% FPL who are fertile.

Data for this measure is from the Arizona Family Planning Council's Comprehensive Family Planning Report, which is usually conducted annually. However, this report was not produced in 2007. Therefore, the 2005-2007 rates are provisionally set at the 2004 rate the new report is issued in the fall of 2008.

Notes - 2006
Starting with the 2004 data point, the numerator is women at or below 200% FPL who received family planning services through Title V, TItle X, Title XIX, or 330/340 Federally Funded Community Health Centers. The denominator is women at or below 200% FPL who are fertile.

Data for this measure is from the Arizona Family Planning Council's Comprehensive Family Planning Report, which is usually conducted annually. However, this report was not created for 2005. Therefore, the 2005 and 2006 rate is provisionally set at the 2004 rate the new report is issued in the fall of 2007.

a. Last Year's Accomplishments
Through the Reproductive Health/Family Planning Program (RHFP), 11 out of the 15 County Health Departments and Maricopa Integrated Health Services received intergovernmental agreements (IGA's) to provide reproductive health/family planning services that focused on women at or below 150% of the federal poverty level. In 2008, the program added a new contractor, Gila County Health Department, in order to reach populations in Globe and Payson who lack adequate access to services. Of the 4,279 women who received an initial or annual exam in 2008, 98% were at or below 150% of the federal poverty level and received services at no charge. The Reproductive Health/Family Planning Program focused on making services available to sexually active teens in an effort to reduce teen pregnancy rates. In 2008, 54% of clients served were under 24 years old. The RHFP collaborated with the Title X and Arizona Family Planning Council (AFPC) to share data to analyze trends and outcomes of family planning services among this group.

In order to increase the target population's access to preconception care, the program also provided technical support and materials to contractors.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. The Reproductive Health/Family Planning Program (RHFP) funds IGA's to sustain and increase the number of low income women receiving reproductive health services.	X			
2. The RHFP program works with other agencies sharing resources and data for trend and outcome analyses.				X
3.				
4.				
5.				
6.				
7.				
8.				

9.				
10.				

b. Current Activities
The RHFP contractors continue to receive level funding in the unit reimbursement for providing the required services of the program. The Reproductive Health/Family Planning Program works with contractors to improve access for low income clients to preconception care within family planning. The program also continues to focus on providing reproductive health/family planning services to sexually active teens.

c. Plan for the Coming Year
The Reproductive Health/Family Planning Program (RHFP) will continue to provide funding to county health departments and Maricopa Integrated Health Systems to provide services to underserved populations. The program will continue to focus on women at or below 150% of the federal poverty level. The program will continue to seek out locations where underserved clients can be reached.

Newly developed preconception care materials will be distributed to the Family Planning contractors.

The Bureau of Women's & Children's Health is working with a Masters in Public Health student to conduct a study of perceived barriers to birth control and accessibility to reproductive health services. The study will include assessing knowledge about preconception health and whether the respondent has a reproductive life plan.

State Performance Measure 2: *The percent of high school students who are overweight or at-risk for overweight.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			25	25	24.5
Annual Indicator	25.1	25.5	25.5	25.9	25.9
Numerator					
Denominator					
Data Source					Arizona Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	24.5	24	24	24	24

Notes - 2008
The YRBS report already provides the calculated percentage. The percent at risk was added to the percent overweight to get the total at-risk +overweight.

The YRBS report is done every two years. The next report available will be for 2009, and the indicator will be changed to indicate the percentage of high school students who are overweight and obese.

Notes - 2007
The YRBS report already provides the calculated percentage. The percent at risk was added to the percent overweight to get the total at-risk +overweight.

The YRBS report is done every two years. The next report available will be for 2009.

Notes - 2006
The YRBS report already provides the calculated percentage. The percent at risk was added to the percent overweight to get the total at-risk +overweight.

The YRBS report is done every two years. Therefore, the 2006 rate is set at the 2005 rate. The next report available will be for 2007.

a. Last Year's Accomplishments
Former Governor Napolitano reestablished the Commission on Women's and Children' Health (GCWCH) in April 2008. The Commission was charged with identifying priorities and advising the Governor on effective policies and practices to improve health and wellness of women and children. The Commission was also required to support and empower women and their families to take control of and manage their health through a strong prevention model. The Bureau of Women's & Children's Health provided Title V funding to support the staffing of the Commission in the Governor's Office of Children, Youth, and Families.

As required by Executive Order 2008-18, the Commission assessed the health status of Arizona's women and children, using key indicator data provided by the Arizona Department of Health Services. After review of the data, the Commission established criteria for selecting a primary focal area to concentrate efforts. The Commission decided to focus primarily on the promotion of nutrition and physical activity for a healthy weight. The Commission's proposed actions are focused on policy and environmental change that will promote improved nutrition and increased physical activity where Arizonans learn, live, and work and can be implemented with limited resources by the Commission and its partners.

One of the Title V Community Health Grant (CHG) contractors has taken a comprehensive approach to reducing childhood obesity and overweight. Part of their approach was to develop a local speakers' bureau comprised of interested community partners. Eight new speakers were trained and conducted 14 presentations for various local organizations. During 2008, their website had 27,743 hits and a total of 1,381 visitors. Fifty-five community courses focusing on healthy eating and physical activity were given to families. Their coalition of community partners was expanded, and has worked to promote healthy policy changes within the community and local organizations. Coalition partners attended three trainings on advocacy. The contractor is a community health center whose physicians are now utilizing a structured approach to manage overweight and obesity. This contractor has also developed self-management plans for children who are overweight or at risk for overweight. The project enrolled 278 children in the pediatric weight management program for children who are overweight or at risk for overweight. Surveys were implemented to assess their pediatric management program, followed by strategies to increase the health care providers' perception of efficacy.

A total of 1,463 children and women of childbearing age, including high school students, participated in educational programs that addressed the problem of obesity and overweight for themselves and their families. All of the multi-week classes contained a physical activity component suitable for each local community. Many classes served women of color including Hispanic, Native American, and Black women.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Governor’s Commission on Women’s & Children’s Health developed priorities for addressing healthy weight and nutritionat				X

the workplace and educational institutions in Arizona.				
2. Title V Community Health Grants provided culturally sensitive information on obesity and overweight for women of childbearing age.			X	
3. Title V Community Health Grants provided age-appropriate obesity and overweight education specifically designed for children.			X	
4. Title V Community Health Grants promoted physical activity to achieve and maintain a healthy weight.			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Governor's Commission on Women's & Children's Health activities aimed at decreasing the number of overweight or at-risk overweight high school students include the Women's Health Expo that focused on physical activity, nutrition and overall prevention of disease. The Commission is working in conjunction with ADHS on a policy forum that will focus on combating obesity and prevention in the youth of Arizona.

One of the Title V Community Health Grant contractors has taken a comprehensive approach to reducing childhood obesity and overweight. They are providing community courses focusing on healthy eating and physical activity. Their coalition of community partners is continuing to expand, and is working to promote healthy policy changes within the community and local organizations. The community health center will continue utilizing self-management plans for children who are overweight or at risk for overweight. In 2007, this contractor created an evaluation tool to establish a baseline of knowledge and perception about the problem of obesity among community residents. Since then, they have continued a nutrition and physical activity campaign for children.

The Title V funded Nurse Family Partnership program in Yavapai County provides education and support related to reducing obesity and overweight in participants and their children. Topics include nutrition, portion size, reading food labels, and the importance of regular physical activity.

c. Plan for the Coming Year

The Governor's Commission on Women's & Children's Health plans to begin workgroups regarding community and school-based wellness in the future. High school students will be an important demographic targeted through the policy and education work of these groups. ADHS and the Commission will determine how to move forward based on the outcomes of the policy forum to be held in the fall of 2009.

The Title V Community Health Grant program will continue nutrition and physical activity education, including healthy lifestyle choices, to reduce obesity and overweight among women and children. Grants are funded through December 2010.

ADHS Public Health Prevention Services bureaus will be working together on implementation of a plan to improve integration of strategies related to physical activity, nutrition, and tobacco prevention within existing health department programs. Bureaus involved in this integration initiative include: Bureau of Women's & Children's Health, Bureau of Health Systems Development (primary care), Bureau of USDA Nutrition Programs (WIC), and Bureau of Tobacco

and Chronic Disease Prevention.

State Performance Measure 3: *The percent of preventable fetal and infant deaths out of all fetal and infant deaths.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective			33	32.5	32
Annual Indicator	33.9	33.2	25.8	25.0	29.0
Numerator	248	251	191	188	238
Denominator	732	756	739	753	821
Data Source					AZ Vital Records data
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	31.5	31	31	31	31

Notes - 2008
Data provided is for the 2006 birth cohort, which is the most recent data available.

Notes - 2007
Data provided is for the 2005 birth cohort, which is the most recent data available.

Notes - 2006
Data provided is for the 2004 birth cohort, which is the most recent data available.

a. Last Year's Accomplishments
The Child Fatality Review Program provided the Infant Death Investigation Checklist for all investigations of unexpected infant deaths and a protocol for investigating these deaths to law enforcement agencies throughout Arizona. Law enforcement, in turn, submitted completed forms to the Medical Examiners' offices so forensic pathologists could accurately assess cause of death. These forms provide critical information regarding circumstances surrounding unexpected infant deaths.

In 2008, Child Fatality Review teams reviewed 100% of deaths for all children in Arizona, including infant deaths. These teams examined and identified the circumstances surrounding the deaths that could have been prevented. The data were analyzed for public policy and prevention campaigns and reports were provided to the public for research, media reports, and public health campaigns. Recommendations regarding prevention of infant deaths included implementation of an infant safe sleep campaign, establishing Cribs for Kids programs, and implementation of the CDC recommendations to improve preconception health care.

The Unexplained Infant Death Council is staffed by the Child Fatality Review Program and utilizes volunteers who advise the department, legislature and the Governor on issues relating to unexpected infant deaths and all fetal deaths. The Office of Assessment and Evaluation produced the 4th annual report on the incidence and reported causes of stillbirths. This report was presented to the Unexplained Infant Death Council.

The Arizona Birth Defects Monitoring Program participated in three health fairs in 2008 to promote the adequate intake of folic acid by women of childbearing age. The Program also conducts statewide, population-based surveillance for 32 major categories of birth defects. The rate of neural tube defects (spina bifida and anencephaly) for 2005-2007 was 2.73 per 10,000 (preliminary data).

The ADHS Center for Health Disparities, the Bureau of USDA Nutrition Programs, and the Bureau of Women's & Children's Health partnered together to implement a new folic acid campaign targeting young Latinas in Arizona. Public service announcements were created and a new website was established: www.takemultivitamins.com The campaign was funded in part by Title V and the March of Dimes.

The ADHS Folic Acid Education and Distribution Program provided multivitamins to low-income women of childbearing age through the local health departments. Participants in the program received a year's supply of multivitamins with 400 micrograms of folic acid. Participants also learned about the importance of taking folic acid and how it can prevent serious birth defects.

The transport component of the High Risk Perinatal Program (HRPP) ensured the immediate transport of any critically ill neonate or pregnant woman at risk of premature delivery to the appropriate level of perinatal care. By serving as payor of last resort the program was able to facilitate transport without concern of the payor source.

The Bureau of Women's & Children's Health used Title V funding to help fund a Community Health Grant for the Nurse Family Partnership Program in Yavapai County. The project served 149 low-income new moms with 110 babies under the age of two, pregnant women, and pregnant teens. The Nurse Family Partnership program is an evidence-based program that provides education and support for first time mothers through regular home visits from a public health nurse. Each participant received education and support about the importance of prenatal, primary and infant care; breastfeeding; reducing the incidence of obesity and overweight in themselves and their children; post partum mood disorders; infant safety; immunizations; and parenting. Ninety-five percent of the babies born to the Nurse Family Partnership had birth weights greater than 2500 grams. This contractor also conducted four trainings related to interconception health for their nurse home visitors. Women received classroom instruction on preconception health, and received folic acid supplements. One hundred three women received preconception health educational material.

The BWCH was awarded the HRSA First Time Motherhood/New Parents Initiative grant to develop a social marketing campaign targeting African American men and women ages 18-30 to increase awareness about preconception health and the life course perspective.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Child Fatality Review Program distributed Infant Death Investigation checklist.				X
2. Unexplained Infant Death Council and Bureau of Women's & Children's Health produced the annual report on stillbirth.				X
3. Child Fatality Review Program produced annual report on infant and child deaths, including recommendations for prevention.				X
4. Arizona Birth Defects Monitoring Program conducted statewide, active, population-based birth defect surveillance for neural tube defects.				X
5. High Risk Perinatal Program facilitated transport of premature or critically ill neonate to appropriate level of care.	X			
6. High Risk Perinatal Program transported gravid woman in imminent risk of premature or complicated delivery.	X			
7. ADHS programs promoted use of folic acid and multivitamins.			X	
8. Title V Community Health Grants provided education for women of childbearing age about preconception care.			X	

9. Title V Community Health Grants provides in-home training and support for new mothers about reducing infant mortality.			X	
10.				

b. Current Activities

The Unexplained Infant Death Council is revising the Infant Death Checklist to promote ease of use and comply with national trends in data reporting. Local Child Fatality Review Teams are collaborating with community organizations to provide cribs to families who cannot afford them.

The Injury Prevention Advisory Council held its annual injury symposium on the topic of safe sleeping. Staff are working with partners to promote safe sleeping.

ADHS programs continue to promote folic acid consumption. The Arizona Birth Defects Monitoring Program is continuing to conduct statewide surveillance on neural tube defects.

The High Risk Perinatal Program continues to ensure the immediate transport of any critically ill neonate or pregnant woman at risk of premature delivery to the appropriate level of perinatal care.

The Office of Women's Health convened a taskforce to review preconception health materials developed by Healthy Woman Florida to make them specific to Arizona. Draft materials were distributed at a Minority Health Month event. The new materials will be shared with the state's Medicaid health plans, posted on the web, and distributed to partners. The Office is also working on implementation of the First Time Motherhood social marketing campaign. A marketing firm is conducting key stakeholder interviews and developing a presentation for educational sessions in African American churches and other organizations serving this population.

c. Plan for the Coming Year

The Child Fatality Review Program will continue to review infant and fetal deaths, and compile the results in an annual report. The Child Fatality Review Program will continue to promote the use of the Infant Death Investigation Checklist and expects to further strengthen its ties with local coalitions and organizations, which include: Sudden Unexpected Infant Death Investigation Task Force, Safe Kids, Injury Free Coalition for Kids, Governor's Traffic Safety Advisory Council, Never Shake a Baby Arizona, Inter-Tribal Council of Arizona, Maricopa Association of Governments, and others. The Child Fatality Review Program will enhance the usability of its annual reports by incorporating the spectrum of prevention, in addition to incorporating guidelines for writing effective recommendations, which include problem statements, best practices, capacity, accountability, outcomes, and impacts.

The Bureau of Women's & Children's Health will continue to work with partners, such as the Unexplained Infant Death Council and the First Things First Board, to promote evidence-based safe sleeping practices.

The Arizona Birth Defects Monitoring Program will continue to work with other ADHS programs to encourage all women of childbearing age to consume adequate amounts of folic acid daily for neural tube defect prevention. The program will continue to participate in three or four health fairs a year where information will be provided to the public about the importance of folic acid for birth defect prevention. The Program will also continue to conduct statewide surveillance on neural tube defects to provide feedback on the effectiveness of prevention programs in the state. By the end of 2010, the program will have complete neural tube defect data for 2008 births.

Assuming funding remains available, the transport component of the HRPP will continue to ensure the transport of any critically ill neonate or pregnant woman at risk of premature delivery

to the appropriate level of perinatal care. By serving as payor of last resort the program will continue to be able to facilitate transport without concern of the payor source.

The Title V Community Health Grant program will continue to educate clients about preventing fetal and infant deaths, and to expand the scope of information available to clients about preconception care. Grants are funded through 2010.

The Office of Women's Health will refine the website to feature preconception health materials. The office will begin evaluation of the First Time Motherhood social marketing campaign, community based education sessions, and the health professional education sessions. Staff will work on identifying other funding opportunities to sustain activities initiated under the First Time Motherhood grant and assess the possibility of convening a preconception health council to develop a state wide strategic plan regarding the promotion and integration of preconception care and the life course perspective.

State Performance Measure 4: *Emergency department visits for unintentional injuries per 100,000 children age 1-14.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			7478	7477	7477
Annual Indicator	7,478.6	7,174.4	6,902.9	6,681.6	6681.6
Numerator	90739	90201	89255	92588	
Denominator	1213314	1257269	1293014	1385725	
Data Source					AZ Hospital Discharge data
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	7476	7476	7476	7476	7476

Notes - 2008
Data for 2008 are not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data become available in the Fall of 2009.

Notes - 2007
Data for 2007 are not yet available. The estimate for 2007 is provisionally set at the 2006 rate until data become available in the Fall of 2008.

Notes - 2006
Data for 2006 are not yet available. The estimate for 2006 is provisionally set at the 2005 rate until data become available in the Fall of 2007.

a. Last Year's Accomplishments
The Arizona Department of Health Services was awarded more than $4.5 million to improve child health and wellness in Phoenix's South Mountain community. The award, received through the Substance Abuse and Mental Health Services Administration's Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), will be distributed in increments of $900,000 each year for five years.

Safe Kids established a coalition for the southern halves of Apache and Navajo counties. The

Safe Kids Navajo Nation serves the northern portion of those counties. The Arizona Safe Kids Program created child injury fact sheets for the six Arizona Safe Kids Coalitions. The Safe Kids program manager provided certification child passenger safety training to four communities in Arizona, two in tribal communities in partnership with local coalitions, Banner Health or and the Governor's Office of Highway Safety. The program provided support materials to the 30 Child Passenger Safety Instructors in Arizona. The program collaborated on two continuing educational programs with local coalitions or the Governor's Office of Highway Safety. The program provides a data needs assessment to for each coalition.

In 2008, Arizona's Emergency Medical Services for Children Program began work on establishing a pediatric designation system for hospital emergency departments. This system will identify minimum training and equipment a hospital should have to care for a pediatric patient. In addition, the program is updating treatment guidelines for the paraprofessional caregiver in schools.

In 2008, the Injury Prevention program provided county specific injury fact sheets and county child fatality fact sheets for county health departments.

The High Risk Perinatal Program (HRPP) Community Health Nurses and the Health Start Promotoras conducted environmental risk assessments on every home visit. These assessments helped to identify potentially hazardous situations in the home. Once identified, the Community Health Nurse or the Promotora worked with the family to correct the situation, thereby reducing risk and the potential for preventable emergency room visits.

Through the Title V Community Health Grants, 407 bicycle helmets were distributed, along with helmet safety education. One contractor partnered in the coordination of a Safe Routes/Walk Safe to school day for a local school district. A large bike rodeo was held in Navajo County. The rodeo focused on gun safety, sun safety, bicycle and helmet safety, car seat safety, and other safety and health related education. Two community events reaching 500 teens promoted CPR awareness and prevention of drowning. The program also provided 1,795 youth and their families education on wheeled sports safety and traffic safety.

Title V Community Health Grants supported 24 presentations that were given to students on fire prevention, helmet use, and calling 911. This was conducted in conjunction with the Flagstaff Fire Department, Guardian Medical Transport, and 12 elementary schools. Thirteen injury prevention classes were provided to fourth grade students and 11 injury prevention classes were provided to sixth grade students. An additional 887 high school students attended safety classes.

The Title V Community Health Grants program also funded "Safe Dates", a co-educational injury prevention course for adolescents 12 to 18 years of age. The project provided 935 participants with information about healthy and abusive dating relationships.

The 15th Annual Arizona Child Fatality Review Report highlighted specific areas of concern related to unintentional injuries. These included poisonings from prescription medications, injuries due to children not being properly restrained in motor vehicles, and injury deaths involving All Terrain Vehicle (ATV) usage. The recommendations in the report included:
First Things First Board fund culturally competent injury prevention programs that target injuries among children five years of age and younger;
Educational materials be developed for parents regarding the safe storage and disposal of prescription medications;
State legislation be passed to require the use of booster seats for children between five and nine years of age;
Public information and education for parents be developed regarding dangers associated with children riding or driving ATVs;
New class be developed for ATV registration.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. HRPP Community Health Nurses conduct environmental assessments.		X		
2. Safe Kids provided certified child passenger safety training.				X
3. Safe Kids conducted needs assessments for the 6 Safe Kids Coalitions.				X
4. EMSC is establishing and implementing pediatric designation criteria.				X
5. Title V Community Health Grants provided bicycle helmet distribution with safety education for children.			X	
6. Title V Community Health Grants provided injury prevention education to children.			X	
7. State Child Fatality Review Team made recommendations for prevention of unintentional injuries.			X	
8.				
9.				
10.				

b. Current Activities

Project LAUNCH seeks to reduce violence within the home and help to mediate the family and community conditions in South Phoenix, including economic and family instability, incarceration, involvement with Child Protective Services, patterns of anti-social behavior and criminality, and educational deficits that put children at extreme risk. Interventions will improve parenting practices and prevent child abuse and neglect.

Community Health Nurses conduct environmental risk assessments on every home visit. These assessments help to identify potentially hazardous situations in the home. Once identified, the Community Health Nurse work with the family to correct the situation, thereby reducing risk and the potential for injuries.

The Safe Kids program will establish a community car seat coalition for southern Arizona. The program will conduct five certification trainings of which three are tribal communities. The program works with the Governor's Office of Highway Safety and local coalitions to provide continuing education for technician recertification.

For 2009, the Emergency Medical Services for Children is completing the school guidelines for emergency treatment and continue working toward the creation of a pediatric designation system for emergency departments.

The Injury Prevention Program created a factsheet about ATV safety, which has been featured on the ADHS website. Staff have conducted interviews with the media related to water safety, choking, ATV and bike safety.

c. Plan for the Coming Year

By FFY 2010, Project LAUNCH will have placed four Extension Family Life Educators in four neighborhood agencies within zip codes 85040 and 85041, and will have trained two home visitors. The home visitors will be working with caseloads of 20-30 families. The Extension Family Life Educators will serve as case managers for participating families and will refer families into the appropriate intervention based on an assessment of needs and assets. The program

intends to serve 100 families as part of the Strengthening Multi-Ethnic Families and Communities program. The Extension Family Life Educators will use the Parenting Wisely curriculum with families, as appropriate.

Assuming funding is available for the High Risk Perinatal Program, Community Health Nurses will continue to conduct environmental risk assessments on every home visit. These assessments help to identify potentially hazardous situations in the home. Once identified, the Community Health Nurse will work with the family to correct the situation, thereby reducing risk and the potential for preventable ER visits.
The EMS Children program will begin implementation of a voluntary pediatric designation process for hospital emergency departments.

The Injury Prevention Program will work with the Governor's Office of Highway Safety to map Arizona child passenger safety infrastructure to determine where training should be directed.

The Injury Prevention Program plans to identify gaps in training and messaging for Safe Sleep/Unintentional suffocation with infants. This work is in collaboration with partners identified for a Safe Sleep symposium.

The Injury Prevention Program, in partnership with Indian Health Services, will be conducting Indian Health Service's Level I and II Injury Prevention Training.

All Terrain Vehicle injuries to children are a concern to ADHS partners and were highlighted as an area of concern in the last annual Child Fatality Review Report. The Injury Prevention Program will be collaborating with the Arizona Department of Game and Fish to explore opportunities to increase community education and enforcement of current laws.

The Title V Community Health Grants will continue to identify and address community needs to reduce the rate of injuries among children. Community grants are funded through 2010.

Health Start Promotoras will continue to conduct environmental risk assessments and educate parents on eliminating potential injury risks.

State Performance Measure 5: *The percent of women entering prenatal care during their first trimester in underserved primary care areas.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			48	48	47
Annual Indicator	49.6	47.2	50.0	50.4	50.4
Numerator	62	60	62	63	
Denominator	125	127	124	125	
Data Source					AZ Birth Certificates
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	47	46	46	45	45

Notes - 2008
Data for 2008 are not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data become available in the Fall of 2009. The numerator is the number of Primary Care Area's (PCA's) with less than 74% of women giving birth receiving prenatal care in the first trimester. The denominator is the total number of PCA's in Arizona. For 2007 the percent of

women giving birth in a Arizona Medically Underserved Area (AzMUA) who received prenatal care in the first trimester was 74.2%.

Notes - 2007
Data for 2007 are not yet available. The estimate for 2007 is provisionally set at the 2006 rate until data become available in the Fall of 2008. The numerator is the number of Primary Care Area's (PCA's) with less than 74% of women giving birth receiving prenatal care in the first trimester. The denominator is the total number of PCA's in Arizona. For 2006 the percent of women giving birth in a Arizona Medically Underserved Area (AzMUA) who received prenatal care in the first trimester was 73.8%.

Notes - 2006
Data for 2006 are not yet available. The estimate for 2006 is provisionally set at the 2005 rate until data become available in the Fall of 2007.

a. Last Year's Accomplishments
Women were provided prenatal services in the rural/medically underserved areas through the County Prenatal Block Grant Program. Rural counties utilized mobile clinics for women who had no or minimal transportation, provided immunization clinics to attract women who were at risk of getting pregnant, and contacted high schools to develop teen pregnancy programs and teen mazes. The County Prenatal Block Program also provided incentives for women who completed prenatal classes, and provided free pregnancy tests.

The Health Start program educated pregnant women about prenatal care, nutrition and danger signs of pregnancy. The Community Lay Health Workers followed-up with the clients to verify that they were attending prenatal care medical appointments and were complying with the physician's instructions. All contracted agencies serve communities that are designated as primary care areas. Of those categorized as primary care areas a large portion are also designated as medically underserved areas. One Fetal Alcohol Spectrum Disorders screening and brief intervention training was conducted in July 2008. Approximately 64% of Health Start clients entered the program in their first trimester of pregnancy. A Health Start 2008 Report concluded that babies of Health Start mothers had higher gestational ages and/or full term when compared to non-Health Start mothers. Babies of Health Start mothers also had higher birth weights when compared to babies whose mothers were not in the program.

The Pregnancy and Breastfeeding/Baby Arizona Hotline assisted pregnant women throughout the state in finding a prenatal care provider and helping them apply for Medicaid. Baby Arizona is a presumptive eligibility program consisting of perinatal providers who agree to see pregnant women while their eligibility into AHCCCS, Arizona's Medicaid, is being determined. These providers agree to provide a payment plan if the woman does not qualify for AHCCCS. If prescreening showed a woman was not eligible for AHCCCS, the Hotlines were able to refer them to other providers in their area who offer prenatal care for a sliding scale fee. The Hotline assisted 1,034 callers with Baby Arizona in 2008.

The Bureau of Women's and Children's Health (BWCH) participates in the March of Dimes Program Services Committee. Last year, the committee identified a need to help BWCH promote the Baby Arizona hotline. Baby Arizona provides information to uninsured or underinsured pregnant women on where they can receive prenatal care and assists them with enrolling in the state Medicaid program. March of Dimes provided BWCH with a small grant to provide new promotional materials for Baby Arizona.

The Bureau of Women's and Children's Health assisted with the development of the Arizona Rural Women's Health Network. The Network defined itself as a "statewide network that coordinates and improves health outcomes for rural and underserved women in Arizona." The Network determined its focus to be to: assess needs of rural women in Arizona; increase awareness and advocate for needs of rural women in Arizona; gather and disseminate

information on resources and services available for rural women in Arizona; and provide networking opportunities among organizations that provide services for rural women in Arizona. Core network members include Community Health Centers, Arizona Health Education Centers, Bureau of Health Systems Development, Arizona State Office of Rural Health, and BWCH.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Health Start Community Health Workers assisted clients by arranging transportation to medical services.		X		
2. Health Start educated low-income women about the benefits of early prenatal care.		X		
3. The County Prenatal Block Grant program provided funding for rural areas to help increase access to prenatal care services.		X		
4. Pregnancy and Breastfeed/Baby Arizona Hotline linked pregnant women to prenatal care providers throughout Arizona.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Governor's Commission on Women's and Children's Health coordinated statewide events during Women's Health Week, and planned and implemented the annual Arizona Women's Health Expo and Conference. The Women's Health Expo targeted the general public and provided free screenings and information to Arizona families in need. To focus on underserved communities, the Commission has worked closely with Arizona Women's Rural Health Network to create essential health programming in rural communities throughout the state.

The Bureau of Women's and Children's Health continues to collaborate with the Arizona Rural Women's Health Network in order to ensure that the voice of rural Arizona is represented in assessment, planning, and evaluation of women's health efforts. The Bureau assisted the Network director in introducing the Network to Medicaid health plans and provided data related to rural women's health to Network partners.

The Health Start Program provides education to Community Health Workers on interconception care and provides new educational materials so that they can convey the information to clients on the importance of prenatal care and ensure access to prenatal care to clients.

Funding for the County Prenatal Block Grant was discontinued in March 2009 as the result of state budget cuts.

BWCH is working with the March of Dimes to target community organizations for dissemination of Baby Arizona information.

c. Plan for the Coming Year

Health Start Program will continue to provide educational opportunities to the Community Health Workers on prenatal care topics so that they can provide the most current information to their clients on the importance of prenatal care, increase access to prenatal care and the need to take

multivitamins during pregnancy.

BWCH will work with March of Dimes and AHCCCS, the state's Medicaid agency, to continue to disseminate information regarding Baby Arizona. BWCH, AHCCCS, and Department of Economic Security (which conducts Medicaid eligibility) will continue to meet regularly to work out any issues related to Baby Arizona.

Future funding for the state-funded County Prenatal Block Grant remains in doubt at this time. Prenatal education and enabling services that were funded through this program are unlikely to continue unless counties are able to secure other funding sources. The program had also required each county health department to conduct a local needs assessment and establish a local plan for maternal and child needs, as well as have a local MCH advisory council. This infrastructure for local MCH will no longer be in place with the loss of the County Prenatal Block Grant.

BWCH will continue to participate in the Arizona Rural Women's Health Network as it works to expand its membership and implement collaborative strategies. The Network will assist with the dissemination of Baby Arizona materials to promote access to prenatal care in rural Arizona. The Network will also participate in the Title V needs assessment process.

State Performance Measure 6: *Percent of Medicaid enrollees age 1-18 who received at least one preventive dental service within the last year.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			43	43.5	44
Annual Indicator	42.6	42.6	30.9	34.0	37.9
Numerator		255983	170018	189423	224227
Denominator		600379	550768	556516	592298
Data Source					AZ Medicaid (AHCCCS)
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	44.5	44.5	44.5	44.5	44.5

a. Last Year's Accomplishments
The Office of Oral Health (OOH) funded Navajo County's oral health coalition and continued to lend support to the existing oral health coalition in Pima County as well as to the State Oral Health Coalition. Continued support for our partners in addressing access to care issues has been a strategy to improve oral health.

The Office of Oral Health continued the dental trailer loan program for communities and non-profit organizations in underserved areas. Dental care is provided while the organizations seek funding and establish permanent dental clinics. Typically, communities lease the trailers for a period of five years. Dental students are involved in one of the current sites, providing them with experience in delivering services to underserved and low income populations. Through this program, nine dental clinics for underserved populations have been established throughout the state.

The Office of Oral Health facilitated and conducted training of approximately 450 staff members of childcare facilities, Head Start staff, and WIC programs on early childhood oral health and provided education on early intervention, screening and referral to approximately 100 physician

assistants and other medical providers. The Office of Oral Health maintained Intergovernmental Agreements with counties to provide school-based dental screenings, referrals and sealants to children in low-income schools.

A media campaign promoting the establishment of a dental home by age one was targeted at medical and dental providers as well as the general public. Medical and dental providers received information on the recommendation that children have a first dental visit by age on and techniques for performing an exam or screening on this age group. This information was approved by the Arizona Academy of Pediatrics and Arizona Dental Association and is timely because the most recent AHCCCS periodicity schedule recommends dental referrals at 12 months rather than three years.

Through a HRSA Workforce grant, the Office of Oral Health established one pilot teledental site in rural Arizona and continued to work toward establishing four additional pilot sites.

Through the County Prenatal Block Grant, in state fiscal year 2008 several counties focused on oral health and birth outcome as well as importance of oral health on toddlers at the earliest age possible. A total of 1,411 individuals received oral health related services. Children received oral health assessments, varnish, and sealants; pregnant women received oral health education.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. The Office of Oral Health provided support to communities in addressing access to care issues.				X
2. The Office of Oral Health provided training for childcare providers and early childhood teachers.				X
3. The Office of Oral Health provided education to health care providers.				X
4. County Prenatal Block Grant provided sealants and varnish for young children.			X	
5. County Prenatal Block Grant educated pregnant women and new mothers on the importance of oral health.			X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Office of Oral Health continues to monitor AHCCCS Health Plans on policies for dental care and case management, collaborates with school-based dental clinics, and partners with private organizations and foundations to enhance preventive activities. Through a HRSA Workforce Grant, the Office is establishing four additional pilot sites for teledentistry. Sites include the Northern Arizona University School of Dental Hygiene, ATStill University School of Dental and Oral Health, Northern Arizona Council of Governments Head Start, North Country Community Health Center and two school-based clinics, one of which is on the Hopi Reservation. The sites will be operating by August 2009 and represent diverse ways to enhance the oral health workforce and increase access to services in underserved populations.

The Office continues to work with the Arizona Dental Association and Arizona Dental Hygiene Association in an effort to improve the number of providers for the underserved. The OOH provided continuing education credits for dentists and hygienists at the Western Regional Dental

Conference. The dental sealant program continues to provide oral screenings, referrals and sealants to underserved children and has expanded to two additional counties this year.

Funding for the County Prenatal Block Grant program ceased in 2009. During the first three quarters of the state fiscal year, children continued to receive oral health assessments as well as varnish and sealants.

c. Plan for the Coming Year

Tracking of AHCCCS utilization for care will continue, as will collaboration with other agencies and organization to promote oral health education and early intervention by dental professionals and early dental referrals by medical professionals. The Office of Oral Health will continue promoting a dental home by age one and training those who provide services to young children in childcare, learning and health care environments.

The dental sealant program will continue the current Intergovernmental Agreements with the counties and seek to increase the number of children served.

Pending receipt of a HRSA Workforce Grant, teledentistry sites will continue to expand and utilize Affiliated Practice hygienists in underserved areas. Additionally regional coalitions will be formed to support training for both providers and community stakeholders.

The Office of Oral Health will work with other MCH programs in the Bureau of Women's Health to enhance integration of oral health strategies into existing programs, such as Health Start. The Office of Oral Health will be actively participating with other BWCH programs in the Title V needs assessment process and setting new state priorities in 2010.

State Performance Measure 8: *Percent of children and youth with special health care needs who have access to service.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective					0.1
Annual Indicator				14.0	12.8
Numerator				32631	31141
Denominator				232545	243314
Data Source					OCSHCN data
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	0.2	0.2	0.3	0.3	0.2

Notes - 2008

The population estimate for all residents of Arizona under age 21 is 1,946,515. SLAITS estimates that 12.5 percent of children under age 18 have a special health care need. This percentage was applied to the population up to age 21, as the best estimate of the proportion for that population subgroup. The number of children and youth with special health care needs under age 21 living in Arizona is estimated as 1,946,515 X 0.125 = 243,314.

Notes - 2007

The population estimate for all residents of Arizona under age 21 is 1,860,359. SLAITS estimates that 12.5 percent of children under age 18 have a special health care need. This percentage was applied to the population up to age 21, as the best estimate of the proportion for

that population subgroup. The number of children and youth with special health care needs under age 21 living in Arizona is estimated as 1,860,359 X 0.125 = 232,545.

a. Last Year's Accomplishments

OCSHCN has several systems in place to link families to available services for CYSHCN. OCSHCN and the Arizona Department of Health Services Birth Defects Registry developed a letter to send to all families of children born with spina bifida and cleft lip/cleft palate informing them of coverage available through the Children's Rehabilitative Services (CRS) Program. 64 children were identified, 43 were enrolled in CRS, the remaining 21 received information about state and community resources and received a follow up call. 4 newborns diagnosed with Sickle Cell disorders were referred to the CRS program. OCSHCN and NBS worked together to develop NBS notification letters that are more family friendly and provide families with information about care and services. OCSHCN educated pediatric specialists contracted by the NBS Program on resources and how to get newborns with positive screens into health care. Upon the onset of the new CRS contract effective 10/1/08, the contractor identified CRS members who had previous AHCCCS eligibility and facilitated their reenrollment in AHCCCS. Enrollment in AHCCCS provided coverage for their primary care needs.

OCSHCN worked with the Social Security Administration to review SSI applications and provide referral information to families. In 2008, the SSI Project sent 405 letters that provided insurance information, information on state and local services and programs, and helped connect families to other agencies. 402 children received service coordination through the Family Resource Coordination Program (FRC). FRC also provided outreach and training on program services to 5,755 family members, agency and tribal representatives, health care providers and child serving agencies. OCSHCN responded to over 614 family calls and directed families to services. In 2008 two additional staff were trained to provide resource information to callers and SSI applicants.

OCSHCN supported the Bureau of Women's and Children's Health (BWCH) Children's Information Services (CIS) Hotline to educate families on CRS, AHCCCS, insurance information, and other services for CYSHCN. OCSHCN provided education to the Hot Line staff on services and programs for CYSHCN. OCSHCN worked with RSK-F2FHIC and BWCH Community Nursing to provide resource information and support to families with a child with special health care needs.

OCSHCN participated on annual school nurse conference planning committees to include information on services for CYSHCN. OCSHCN exhibited at school nurse conferences and distributed a questionnaire asking the nurses if they were interested in on-line training. 121 responded they would be interested in training on Systems of Care for CYSHCN, TBI and SCI, CRS, and transition to adulthood. OCSHCN and RSK-F2FHIC developed two e-learning training modules for families on how to navigate Arizona's system of care and to revamp parent youth leadership training to meet the needs of RSK volunteers. State budget cuts created changes to eligibility and program requirements for several of the systems of care. OCSHCN has delayed deploying this training until the budget for the next fiscal year is finalized.

Five new questions were added to the CRS Family Satisfaction survey to reflect member awareness of the transition to the new contractor, Arizona Physicians IPA (APIPA). 84% were aware of the contractor change. Of these respondents, 94% were satisfied or very satisfied with the change. The new contract also allowed for the expansion of pharmacy locations. Over half of the respondents, 59% were aware of this change. Two additional questions were included in the survey relating to awareness of who to call if families have a problem with CRS. 66% knew they could call APIPA-CRS Member Services 24 hours a day, 7 days a week and 58% knew they could call OCSHCN if they had a problem with CRS. Two questions about internet and email access were also added to the survey. 61% had internet access and 86% had an email account.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. OCSHCN links families to services for CYSHCN.		X		X
2. The Family Satisfaction survey asked respondents if they were aware of CRS Program changes and the addition of services.		X		X
3. Education and technical assistance are provided to other ADHS offices, state agencies and community partners on services for CYSHCN.		X		X
4. OCSHCN participates on the Smooth Way Home grant workgroup to provide technical assistance to families of CSHCN who are transitioning from the NICU to home.		X		X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

FRC provides information, referral and education on accessing services to families, providers and the community. The Information and Referral Project refers callers to services, provides an overview of systems of care, provides information on eligibility and application processes, and provides information on financial aid and behavioral health services. The SSI Project reviews applications, sends letters to applicants informing them of insurance options, services, programs and responds to calls that the letters generate.

OCSHCN collaborates with BWCH to provide resource information to Community Nursing on children ineligible for other care and at risk for developmental delay, supports the CIS Hotline, and educates staff about services. OCSHCN and the ADHS Birth Defects Registry inform families of children with spina bifida and cleft lip/cleft palate about CRS eligibility. CRS identifies new members who are eligible for AHCCCS. OCSHCN works with NBS notifying families of care and services and educates pediatric specialists about services for CSHCN.

OCSHCN works with RSK to develop and distribute information on eligibility requirements for health care services. OCSHCN participates on a Smooth Way Home grant workgroup to explore and pilot ways to improve how babies and families transition from the NICU to home and access community services. OCSHCN works with state school nurse organizations and AzEIP to provide information on how to access care and services for CYSHCN.

c. Plan for the Coming Year

OCSHCN will develop resources and offer education to providers, families and community partners about best practices and services for CYSHCN. OCSHCN will remain a liaison to AzEIP providing education about AzEIP service and eligibility guidelines. The School Health Project will partner with the Arizona Department of Education, state school nurse organizations, and the Arizona Collaborative for Adolescent Health to provide technical assistance on best practices for youth with special health care needs.

Bi-lingual Information and Referral Project staff will refer callers to services, provide an overview of systems of care, provide information on eligibility and application processes and provide information on financial aid and behavioral health services. Project staff will track barriers identified by families in gaining access to the services and information will be shared with the responsible agency. The Information and Referral Project will review SSI applications; send letters to applicants informing them of insurance options, services and programs; and respond to calls that the letters generate.

OCSHCN will work with other ADHS offices to identify resources for families regarding early childhood development. As a member of the First Things First Health Advisory Committee, OCSHCN will participate in the strategic planning process for Linking Actions for Unmet Needs in Children's Health to promote the behavioral, emotional, social and physical wellness of children 0-8. OCSHCN will work with BWCH Community Nursing to identify children who may be eligible for CRS, AzEIP, and other programs for CYSHCN and will train CIS hotline staff. OCSHCN and the ADHS Birth Defects Registry will mail letters to families of children with spina bifida and cleft lip/cleft palate to inform them about CRS eligibility and other services. OCSHCN will explore adding AzEIP information to the Birth Defects Registry letters. OCSHCN and NBS will notify families of care and services for newborns identified with a disorder and educate pediatric specialists about services for CSHCN.

OCSHCN will partner with community organizations to get information to families. OCSHCN will work with RSK F2FHIC to develop and distribute information on eligibility requirements for services. OCSHCN and RSK-F2FHIC will work together to convert the Arizona Health Care Systems Workshop into an on-line interactive class. OSCHCN's on line training Navigating Systems of Care will be available to provide education on accessing Arizona's network of care and services.

OCSHCN will continue on the Smooth Way Home grant workgroup providing input on services for families with CSHCN who are transitioning from the NICU to home. The APIPA Electronic Medical Record platform will provide a way for CRS members to receive health issue specific information. OCSHCN will explore developing on-line training about health and wellness for CYSHCN on topics such as adaptive recreation, specialty diets and socialization.

State Performance Measure 9: *Percentage of state MCH programs that formally incorporate screening for behavioral health issues.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective					40
Annual Indicator				33.3	36.8
Numerator				6	7
Denominator				18	19
Data Source					BWCH and OCSHCN data.
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	40	45	45	50	50

Notes - 2008

The programs included in this measure were; the Health Start Program, High Risk Perinatal Program, Teen Pregnancy Prevention program, Family Planning Program, Project Launch, Sexual Violence Prevention and Education Program, County Prenatal Block Grant program, Community Health Services Grant, Early Childhood Health Consultation, Rural Safe Home Network, Office of Children with Special Health Care Needs programs, and Dental Sealant and Early Childhood Carries programs (Office of Oral Health).

Notes - 2007
The programs included in this measure were; the Health Start Program, High Risk Perinatal Program, Teen Pregnancy Prevention program, Family Planning Program, Sexual Violence Prevention and Education Program, County Prenatal Block Grant program, Community Health Services Grant, early childhood health consultation, Rural Safe Home Network, Office of Children with Special Health Care Needs programs, and Dental Sealant and Early Childhood Carries programs (Office of Oral Health).

a. Last Year's Accomplishments
The High Risk Perinatal Program (HRPP) Community Health Nurses screened all mothers of infants enrolled in the Newborn Intensive Care Program for postpartum depression using the Edinburgh Postnatal Depression Scale.

The Bureau of Women's and Children's Health began implementation of a Fetal Alcohol Spectrum Disorders Subcontract. The prevention project integrates alcohol screening, brief intervention, and referrals for treatment into the existing Health Start Program. During state fiscal year 2009, the project screened 287 pregnant women for alcohol use. Out of those, 70 women screened positive for alcohol use and were provided a brief intervention. The Health Start Program has also encouraged contractors to screen for post-partum depression utilizing the Edinburgh Screening Tool.

The Project LAUNCH grant is being achieved through the creation of a family-centered system of care for young children and their families; expansion of system capacity and coordination at the State and local level; implementation of five evidence-based programs at the local level, including Healthy Steps; access to appropriate mental health and wellness services; integration of routine developmental screening across a range of settings; and parent education, referral and support.

During state fiscal year 2008, several counties provided behavioral health screening and treatment for 6,509 prenatal and postpartum women through the County Prenatal Block Grant. The County Prenatal Block Grant built infrastructure by identifying and training additional physicians, doulas, support groups, and therapists to provide services related to post partum depression.

Six Title V Community Health Grant contractors conducted community activities to decrease stress. Women and children of childbearing age participated in educational programs that addressed healthy eating and physical activity. Many of the classes conducted pre and post tests which included questions related to stress levels and offered stress management techniques. Many classes served women of color including Hispanic, Native American, and Black women.

Of the 23,884 members enrolled in OCSHCN's Children's Rehabilitative Services (CRS) Program in FY 2008, 885 (3.7%) received behavioral health screenings or services. OCSHCN's Family Resource Coordination Program (FRC) provided referrals to behavioral health services for 17 members.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**

1. Community Health Nurses screened for post-partum depression.			X	
2. Health Start integrated screening, brief intervention, and referrals for alcohol abuse into the program.			X	
3. County Prenatal Block Grant provided the Edinburgh Screening tool to all pregnant women seen in local clinics.			X	
4. County Prenatal Block Grant educated private physicians on signs, symptoms and resources for women who were identified as depressed.				X
5. Title V Community Health Grant program supported and maintained postpartum mood disorder support groups.		X		
6. Title V Community Health Grant provided education on stress reduction.			X	
7. OCSHCN's CRS Program screens for behavioral health issues and provides services and referrals as needed.		X		
8.				
9.				
10.				

b. Current Activities

Project LAUNCH is implementing an evidence-based intervention, Healthy Steps, for children birth to age three and their families. Project LAUNCH has partnered with Phoenix Children's Hospital to implement the Healthy Steps program in South Phoenix (zip codes 85040 and 85041). The addition of a Healthy Steps Specialist to the pediatric team will lead to enhanced well-child visits and more time to explore salient developmental, behavioral, or psychological issues. Family health check-ups will also attempt to identify parental depression, family violence, and drug and alcohol use.

As a result of state budget cuts, funding for the County Prenatal Block Grant ceased at the end of the third quarter. During the first three quarters of the state fiscal year, several counties continued to screen and identify women who had postpartum depression. They also provided follow up care by a trained doula.

Six Title V Community Health Grant contractors are conducting community activities to decrease stress. All of the contractors include physical activity that is suitable for their local community. Many classes are conducing pre post assessments which include questions related to stress levels and offer stress management techniques.

Health Start continues to build infrastructure to expand integration of screening, brief intervention, and referrals for alcohol abuse into additional sites.

OCSHCN's CRS and FRC Programs incorporate behavioral health screening for members.

c. Plan for the Coming Year

By FFY 2010, Project LAUNCH collaborative work will be completed with Phoenix Children's Hospital to implement the Healthy Steps program in South Phoenix.

Health Start will integrate alcohol screening, brief intervention, and referrals into all Health Start sites. Evaluation of the program will be conducted.

Due to Arizona's state budget crisis, it is likely that the County Prenatal Block Grant will be discontinued. Without funding, there will be no further services related to post-partum depression through this program.

Depending on future funding of the High Risk Perinatal Program, Community Health Nurses will continue to conduct post partum depression screening on moms in the program. Additional screenings related to internatal care/preconception health are expected to be added as a component of the program.

Six Title V Community Health Grant contractors will conduct community activities to decrease stress. All of the contractors will include physical activity that is suitable for their local community. Many of the classes will conduct a pre post assessment which will include questions related to stress levels and offer stress management techniques. Many classes will serve women of color including Hispanic, Native American, and Black women. These grants will continue through December 2010.

OCSHCN CRS program will continue to screen for behavioral health issues and provide services and referrals as needed.

E. Health Status Indicators

Introduction

/2010/ Health Status Indicators reflecting nonfatal injury continued to show improvement in Arizona. Compared to 2004 there were significantly fewer total nonfatal injuries for children 14 years and younger, and nonfatal injuries due to motor vehicle crashes for children and youth 15 through 24 years in 2007. //2010//

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	7.2	6.9	7.1	7.1	7.1
Numerator	6704	6640	7266	7285	
Denominator	93396	95798	102042	102687	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008

Data for 2008 is not yet available. The estimate for 2008 is provisionally set at the 2007 rate until the data becomes available in the Fall of 2009.

Notes - 2007

Data for 2007 is not yet available. The estimate for 2007 is provisionally set at the 2006 rate until the data becomes available in the Fall of 2008.

Notes - 2006

Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:

/2010/ The data show no significant change in the proportion of low birth weight infants from 2004-2007. The percent of infants born at low birth weight in Arizona remained above the Healthy People 2010 goal of 5.0 percent. If Arizona had met the Healthy People 2010 goal with the 2007 birth cohort, 2,150 fewer infants would have been born at low birth weight. All data for low birth weight infants were obtained through the Arizona Vital Statistics Birth Certificate Database.

Preconception, pregnancy and post-partum care are embedded in multiple Arizona Department of Health Services' (ADHS) programs that serve women at-risk for delivering a low birth weight infant. The Bureau of Women's and Children's Health (BWCH) Pregnancy and Breastfeeding Hotline refers women of reproductive age to smoking cessation programs within the ADHS Tobacco Prevention and Education Program. According to the Arizona Behavioral Risk Factor Survey, the smoking rate among adults improved from 19.7 percent in 2007 to 15.7 percent in 2008. In addition to the positive effect of ADHS smoking cessation programs, legislation banning smoking in most public places and a substantial increase in the tobacco tax also had a positive effect on the prevalence of smoking. The reduction in smoking prevalence may have a positive impact on the proportion of low birth weight infants in the 2008 birth cohort.

With funding from Northrop Grumman Information Technology, Inc., the Health Start Program adopted the Alcohol Screening and Brief Intervention Services program to identify and support pregnant women at risk of using alcohol. By lowering the prevalence of alcohol use among health start clients, this best practices intervention model lowers the risk for low birth weight deliveries. A BWCH evaluation of Health Start participants in SFY 2007 found that those who participated in Health Start were less likely to have a low birth weight delivery or premature birth when compared to women of similar socio-economic status who did not participate in Arizona Health Start.

Reductions in state funding will affect the ability of ADHS programs to positively affect this indicator. The County Prenatal Block Grant (CPBG) funded prenatal care and the distribution of prenatal care vitamins to clients in rural counties. However, budget reductions for SFY 2010 resulted in the elimination of CPBG services to rural counties. //2010//

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	5.6	5.5	5.7	5.6	5.6
Numerator	5112	5162	5632	5599	
Denominator	90732	93173	99216	99889	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008

The data for 2008 is not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Notes - 2007
The data for 2007 is not yet available. The estimate for 2007 is provisionally set at the 2006 rate until data becomes available in the Fall of 2008.

Notes - 2006
Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:
/2010/ The data show no significant change in the proportion of low birth weight singleton infants from 2004-2007. The percentage of singleton births weighing less than 2,500 grams in Arizona remained above the Healthy People 2010 goal of 5.0 percent for all deliveries. If Arizona had met the Healthy People 2010 goal with the 2007 birth cohort, 604 fewer singleton infants would have been born at low birth weight. All data for low birth weight infants were obtained through the Arizona Vital Statistics Birth Certificate Database.

Preconception, pregnancy and post-partum care are embedded in multiple Arizona Department of Health Services'(ADHS) programs that serve women at-risk for delivering a low birth weight infant. The Bureau of Women's and Children's Health (BWCH) Pregnancy and Breastfeeding Hotline refers women of reproductive age to smoking cessation programs within the ADHS Tobacco Prevention and Education Program. According to the Arizona Behavioral Risk Factor Survey, the smoking rate among adults improved from 19.7 percent in 2007 to 15.7 percent in 2008. In addition to the positive effect of ADHS smoking cessation programs, legislation banning smoking in most public places and a substantial increase in the tobacco tax also had a positive effect on the prevalence of smoking. The reduction in smoking prevalence may have a positive impact on the proportion of low birth weight infants in the 2008 birth cohort.

With funding from Northrop Grumman Information Technology, Inc., the Health Start Program adopted the Alcohol Screening and Brief Intervention Services program to identify and support pregnant women at risk of using alcohol. By lowering the prevalence of alcohol use among health start clients, this best practices intervention model lowers the risk for low birth weight deliveries. A BWCH evaluation of Health Start participants in SFY 2007 found that those who participated in Health Start were less likely to have a low birth weight delivery or premature birth when compared to women of similar socio-economic status who did not participate in Arizona Health Start.

Reductions in state funding will affect the ability of ADHS programs to positively affect this indicator. The County Prenatal Block Grant (CPBG) funded prenatal care and the distribution of prenatal care vitamins to clients in rural counties. However, budget reductions for SFY 2010 resulted in the elimination of CPBG services to rural counties. //2010//

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	1.2	1.2	1.2	1.2	1.2
Numerator	1100	1119	1229	1223	
Denominator	93396	95798	102042	102687	
Check this box if you cannot report the numerator because					

1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
The data for 2008 is not yet available. The estimate for 2008 is provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Notes - 2007
The data for 2007 is not yet available. The estimate for 2007 is provisionally set at the 2006 rate until data becomes available in the Fall of 2008.

Notes - 2006
Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:
/2010/ The data show no significant change in the proportion of very low birth weight infants from 2004-2007. The percent of infants born at very low birth weight in Arizona remains above the Healthy People 2010 goal of 0.9 percent. If Arizona had met the Healthy People 2010 goal with the 2007 birth cohort, nearly 300 fewer infants would have been born at very low birth weight. All data for very low birth weight infants were obtained through the Arizona Vital Statistics Birth Certificate Database.

Preconception, pregnancy and post-partum care are embedded in multiple Arizona Department of Health Services'(ADHS) programs that serve women at-risk for delivering a very low birth weight infant. The Bureau of Women's and Children's Health (BWCH) Pregnancy and Breastfeeding Hotline refers women of reproductive age to smoking cessation programs within the ADHS Tobacco Prevention and Education Program. According to the Arizona Behavioral Risk Factor Survey, the smoking rate among adults improved from 19.7 percent in 2007 to 15.7 percent in 2008. In addition to the positive effect of ADHS smoking cessation programs, legislation banning smoking in most public places and a substantial increase in the tobacco tax also had a positive effect on the prevalence of smoking. The reduction in smoking prevalence may have a positive impact on the proportion of low birth weight infants in the 2008 birth cohort.

With funding from Northrop Grumman Information Technology, Inc., the Health Start Program adopted the Alcohol Screening and Brief Intervention Services program to identify and support pregnant women at risk of using alcohol. By lowering the prevalence of alcohol use among health start clients, this best practices intervention model lowers the risk for low birth weight deliveries. A BWCH evaluation of Health Start participants in SFY 2007 found that those who participated in Health Start were less likely to have a low birth weight delivery or premature birth when compared to women of similar socio-economic status who did not participate in Arizona Health Start.

Reductions in state funding will affect the ability of ADHS programs to positively affect this indicator. The County Prenatal Block Grant (CPBG) funded prenatal care and the distribution of prenatal care vitamins to clients in rural counties. However, budget reductions for SFY 2010 resulted in the elimination of CPBG services to rural counties. //2010//

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	0.9	0.9	0.9	0.9	0.9
Numerator	860	856	882	902	
Denominator	90732	93173	99216	99889	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Data for 2008 not yet available. Estimates for 2008 are provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Notes - 2007
Data for 2007 not yet available. Estimates for 2007 are provisionally set at the 2006 rate until data becomes available in the Fall of 2008.

Notes - 2006
Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:
/2010/ The data show no significant change in the proportion of very low birth weight singleton infants from 2004-2007. The percentage of singleton births weighing less than 1,500 grams in Arizona met the Healthy People 2010 goal of 0.9 percent for all deliveries. All data for very low birth weight infants were obtained through the Arizona Vital Statistics Birth Certificate Database.

Preconception, pregnancy and post-partum care are embedded in multiple Arizona Department of Health Services'(ADHS) programs that serve women at-risk for delivering a very low birth weight infant. The Bureau of Women's and Children's Health (BWCH) Pregnancy and Breastfeeding Hotline refers women of reproductive age to smoking cessation programs within the ADHS Tobacco Prevention and Education Program. According to the Arizona Behavioral Risk Factor Survey, the smoking rate among adults improved from 19.7 percent in 2007 to 15.7 percent in 2008. In addition to the positive effect of ADHS smoking cessation programs, legislation banning smoking in most public places and a substantial increase in the tobacco tax also had a positive effect on the prevalence of smoking. The reduction in smoking prevalence may have a positive impact on the proportion of low birth weight infants in the 2008 birth cohort.

With funding from Northrop Grumman Information Technology, Inc., the Health Start Program adopted the Alcohol Screening and Brief Intervention Services program to identify and support pregnant women at risk of using alcohol. By lowering the prevalence of alcohol use among health start clients, this best practices intervention model lowers the risk for low birth weight deliveries. A BWCH evaluation of Health Start participants in SFY 2007 found that those who participated in Health Start were less likely to have a low birth weight delivery or premature birth when compared to women of similar socio-economic

status who did not participate in Arizona Health Start.

Reductions in state funding will affect the ability of ADHS programs to positively affect this indicator. The County Prenatal Block Grant (CPBG) funded prenatal care and the distribution of prenatal care vitamins to clients in rural counties. However, budget reductions for SFY 2010 resulted in the elimination of CPBG services to rural counties. //2010//

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	9.0	10.1	8.6	8.9	8.9
Numerator	117	136	119	126	
Denominator	1300444	1347557	1390127	1412725	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Data for 2008 not yet available. Estimates for 2008 are provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Notes - 2007
Data for 2007 not yet available. Estimates for 2007 are provisionally set at the 2006 rate until data becomes available in the Fall of 2008.

Notes - 2006
Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:
/2010/ No significant change was demonstrated by the unintentional injury death rate for this age cohort of children. According to the 2009 Arizona Child Fatality Review, 20 percent of all child deaths (17 years and younger) in 2007 were due to unintentional injuries. In 2007, more than half of all deaths among children ages one through 14 years could have been prevented, but only 18 percent of deaths among infants were preventable. According to Arizona Vital Statistics, 4.1 per 100,000 children aged one through 14 years died from a motor vehicle accident, making this the most common cause of unintentional death among this age cohort in 2007. For infants, 23 per 100,000 unintentional injury deaths were attributed to suffocation in 2007.

The Injury Prevention Program adopted the 2006-2010 Arizona Injury and Surveillance Plan. The purpose of the Injury Plan is to expand and improve efforts to control injury through coordination, communication, and cooperation among the various programs in ADHS and outside agencies. Within this Injury Plan, data-based surveillance guides the

process for determining which actions and strategies will be most effective in reducing injury. The Child Fatality Review (CFR) Program collects, analyzes and disseminates data for every child death in Arizona. The State Child Fatality Review Team makes specific recommendations for legislation and education to prevent unintentional injuries among children. In 2006 and 2007, the State Child Fatality Review Team recommended an increase in pool safety education and strengthening of local pool barrier ordinances. These efforts, combined with the work of the Drowning Prevention Coalition of Central Arizona, may have contributed to the decline in child drowning deaths observed in 2007 (from 31 in 2006 to 23 in 2007). In the 2006 there was a recommendation to increase education regarding the proper storage of firearms. The Arizonans for Gun Safety Coalition and the Arizona Firearm Injury Prevention Coalition have strengthened efforts to educate children and parents on firearm-related injury prevention. The Child Fatality Review Program observed a decline in firearm-related deaths among children in 2007. The CFR Program recommended that the Arizona Local Child Fatality Review Teams work with local community organizations to assist their communities in establishing Cribs for Kids Programs (or other similar programs), which provide cribs for families who cannot afford them. A lack of funding available at the local level to implement injury prevention programs is a barrier to implementation of all injury prevention programs in Arizona.

Safety in the home has been a focus BWCH programs. As part of Health Start, Community Health Workers receive training in conducting safe home inspections for children of all clients. High Risk Perinatal Program Community Health Nurses conduct environmental risk assessments during every home visit in order to reduce the risk of injury/death.//2010//

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	4.5	4.3	4.0	4.0	4
Numerator	58	58	56	57	
Denominator	1300444	1347557	1390127	1412725	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Estimates for 2001 on reflect motor vehicle death rates for all children ages 0-14. Prior to 2001, estimates were based on ages 1-14. Data for 2006 not yet available. Data for 2008 not yet available. Estimates for 2008 are provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Notes - 2007
Estimates for 2001 on reflect motor vehicle death rates for all children ages 0-14. Prior to 2001, estimates were based on ages 1-14. Data for 2006 not yet available. Data for 2007 not yet available. Estimates for 2007 are provisionally set at the 2006 rate until data becomes available in the Fall of 2008.

Notes - 2006
Estimates for 2001 on reflect motor vehicle death rates for all children ages 0-14. Prior to 2001, estimates were based on ages 1-14. Data for 2006 not yet available. Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:
/2010/ Although the rate declined from 4.5 to 4.0 per 100,000 children, there was no significant decrease in deaths from unintentional injuries within this age cohort. Arizona's rate of unintentional MVC deaths for children is below the Healthy People 2010 goal of 4.4 per 100,000 children aged 14 years and younger. Mortality data was obtained from the Arizona Vital Statistics Death Certificate Database.

The BWCH has multiple programs that attempt to reduce the mortality rate from motor vehicle crashes among children. The Community Health Grant (CHG) program funds contractors to train car and booster seat technicians as will as purchase and distribute those safety seats. In addition, the CHG program funds contractors that conduct education in high schools for teen parents about proper use of restraint seats. For premature infants, the High Risk Perinatal Program Community Health Nurses monitored car seat usage with every home visit and continued to educate the families on the importance of car seat usage.

Arizona Safe Kids is a state-wide program dedicated to the prevention of unintentional injury for Arizona's children under 15 years of age. Arizona Safe Kids is a member of the National Safe Kids Campaign. Local Safe Kids Coalitions throughout Arizona receive leadership and technical assistance from Arizona Safe Kids. There are five local Safe Kids Coalitions, one local chapter, and the Arizona State Coalition. Educational materials, assistance in creating new coalitions, and other injury prevention strategies for communities are available from the Arizona Safe Kids Coalition. Local Coalition accomplishments include regular car seat testing events, a permanent car seat testing site, child passenger safety (CPS) technician certification and development of resource materials for public education. During the past year Safe Kids established a coalition in southern Apache and Navajo counties to address the safety needs of rural Arizonans.

Emergency Medical Services for Children (EMSC) addresses this measure at the infrastructure level. Through a partnership demonstration grant from National Emergency Medical Services for Children, the Pediatric Emergencies for Pre-hospital Professionals (PEPP) Distance Learning Project was completed. In 2008, the Emergency Medical Services for Children began working on establishing a pediatric designation system for hospital emergency departments. This system will identify minimum training and equipment a hospital should have to care for a pediatric patient. In addition, the program is updating treatment guidelines for the paraprofessional care giver in schools.

Barriers to improving Arizona's performance across this measure include cuts in funding to the County Prenatal Block Grant which provided funding for county health departments to distribute car seats and provide education for new parents. The Arizona legislature has not passed booster seat legislation that could safeguard the lives of older children. //2010//

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	30.6	29.8	32.4	26.7	26.7
Numerator	254	256	287	237	
Denominator	829790	859454	885751	889177	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Data for 2008 not yet available. Estimates for 2008 are provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Notes - 2007
Data for 2007 not yet available. Estimates for 2007 are provisionally set at the 2006 rate until data becomes available in the Fall of 2008.

Notes - 2006
Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:
/2010/ Although the rate declined from 30.6 to 26.7 per 100,000 youth, there was no significant decrease in the death rate from unintentional injuries within this age cohort. The death rate among Arizona's youth remains above the 1998 baseline national death rate of 26.4 per 100,000 youth. The rate remains nearly three-times greater than the overall Healthy People 2010 population goal of 9.2 per 100,000 people of all ages.

The Arizona legislature approved a graduated driver license law that requires teens aged 15 years and 6 months old to have an adult at least 21 years of age seated in the front seat at all times, a driving curfew and supervised training for youth 16 years of age, and limits on the number of passengers under 18 years of age. This is a best-practice infrastructure building model that will positively affect the rate of MVC deaths for youth in Arizona. The Child Fatality Review Program will analyze any trends observed due to the enactment of graduated driving license restrictions for teen drivers.

The Arizona Injury Prevention Advisory Council, in conjunction with Arizona Automobile Association implemented a two-year trial safety belt educational program for Arizona high schools called Battle of the Belt. The schools participated in a year long program to increase safety belt usage among students, thereby saving lives. Students observed seat belt usage and developed appropriate intervention strategies to improve student seat belt use at their schools. The Automobile Association of America provided monetary prizes to schools with the highest overall safety belt use and most improved safety belt use rates. The tool kit for implementing a Battle of the Belt program is being made available to high schools throughout Arizona in 2009-2010.

The Community Health Grant (CHG) program funds contractors that implement education in high schools about driving while under the influence of alcohol.

The Arizona Legislature has not passed legislation to make the use of seatbelts a primary enforcement law. Such a measure would reduce the incidence of fatal and non-fatal injuries among this age cohort due to motor vehicle crashes. //2010//

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	263.4	251.6	190.0	177.2	177.2
Numerator	3425	3391	2641	2504	
Denominator	1300444	1347557	1390127	1412725	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Data for 2008 not yet available. Estimates for 2008 are provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Notes - 2007
Data for 2007 not yet available. Estimates for 2007 are provisionally set at the 2006 rate until data becomes available in the Fall of 2008.

Notes - 2006
Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:
/2010/ Compared to the 2004 rate of 263.4 per 100,000, there a significant decrease in the 2007 rate (177.2) of nonfatal injuries among children aged 14 years and younger (p<0.0001; CI 74.9 - 97.4). Falls were the largest contributing cause of non-fatal injury among this age cohort. The data was obtained through analysis of appropriate e-codes in the Arizona Hospital Discharge Database.

The Injury Prevention Program adopted the 2006-2010 Arizona Injury and Surveillance Plan. The purpose of the Injury Plan is to expand and improve efforts to control injury through coordination, communication, and cooperation among the various programs in ADHS and outside agencies. Within this Injury Plan, data-based surveillance guides the process for determining which actions and strategies will be most effective in reducing injury. Unintentional falls are the leading cause of non-fatal injury for children ages 0-14 in Arizona.

Safety in the home has been a focus of multiple BWCH programs. As part of Health Start, Community Health Workers receive training in conducting safe home inspections for children of all clients. The High Risk Perinatal Program (HRPP) Community Health Nurses also conduct environmental risk assessments during every home visit in order to reduce the risk of infant injury and death. The Nurse Family Partnership program is an evidence-based national program that provides education and support for first time mothers through regular home visits from a public health nurse. Each of the mothers is taught

about home and transportation safety for themselves and their children. Topics include the use of car seats, seatbelts, and use of substances including alcohol and tobacco while driving.

Proper helmet use during pedal bike riding can reduce injury rates among this cohort. The Community Health Grant program funding has been used to purchase bicycle helmets and implement bicycle riding education programs throughout Arizona. A large Bike Rodeo was held in Navajo County. The rodeo focused on gun safety, sun safety, bicycle and helmet safety, car seat safety, and other safety and health related education.

Arizona Safe Kids is a state-wide program dedicated to the prevention of unintentional injury for Arizona's children under 15 years of age. Arizona Safe Kids is a member of the National Safe Kids Campaign. Local Safe Kids Coalitions throughout Arizona receive leadership and technical assistance from Arizona Safe Kids. There are five local Safe Kids Coalitions, one local chapter, and the Arizona State Coalition. Educational materials, assistance in creating new coalitions, and other injury prevention strategies for communities are available from the Arizona Safe Kids Coalition.

Funding for the Arizona Poison Centers is at risk due to possible state budget cuts in SFY 2010. //2010//

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	66.6	56.5	50.7	45.3	45.3
Numerator	866	762	705	640	
Denominator	1300444	1347557	1390127	1412725	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Data for 2008 not yet available. Estimates for 2008 are provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Notes - 2007
Data for 2007 not yet available. Estimates for 2007 are provisionally set at the 2006 rate until data becomes available in the Fall of 2008.

Notes - 2006
Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:

/2010/ Compared to the 2004 rate of 66.6 per 100,000, there was a significant decrease in the 2007 rate (45.3) of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger (p<0.0001; CI 15.6 - 26.9). The data was obtained through analysis of appropriate e-codes in the Arizona Hospital Discharge Database.

The Arizona Safe Kids Coalition. Local Coalition accomplishments include regular car seat testing events, a permanent car seat testing site, child passenger safety (CPS) technician certification and development of resource materials for public education. During the past year Safe Kids established a coalition in southern Apache and Navajo counties to address the safety needs of rural Arizonans.

In 2008, the Community Health Grants funded four car seat safety projects throughout the state. Through these programs, car safety seats were installed with accompanying education including self-installation of the child car seat by the caregiver/parent. Also, car seats were checked for proper installation, wear, damage, or product recalls.

For premature infants, the HRPP Community Health Nurses monitored car seat usage with every home visit and continued to educate the families on the importance of car seat usage.

Barriers to improving Arizona's performance across this measure include cuts in funding to the County Prenatal Block Grant which provided funding through county health departments for car seat distribution and installation training for new parents. The Child Fatality Review annual report was used to support legislation introduced in the 2008 session including a proposed enactment of booster seat legislation for children who are between five and nine years of age and are less than four feet, nine inches in height. However, the Arizona legislature has not passed booster seat legislation. In addition, the legislature has not passed legislation to make the use of seatbelts a primary enforcement law. Both measures would reduce the incidence of fatal and non-fatal injuries among older children due to motor vehicle crashes. //2010//

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	240.8	232.2	211.2	206.6	206.6
Numerator	1998	1996	1871	1837	
Denominator	829790	859454	885751	889177	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Data for 2008 not yet available. Estimates for 2008 are provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Notes - 2007
Data for 2007 not yet available. Estimates for 2007 are provisionally set at the 2006 rate until data becomes available in the Fall of 2008.

Notes - 2006
Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:
/2010/ Compared to the 2004 rate of 240.8 per 100,000, there was a significant decrease in the 2007 rate (206.6) of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years (p<0.0001; CI 6.0 - 23.2). Although there is no age specific rate goal in Healthy People 2010, the rate in Arizona is nearly five-times lower than the goal of 933 motor vehicle injuries per 100,000 people of all ages. The data was obtained through analysis of appropriate e-codes in the Arizona Hospital Discharge Database.

The Arizona legislature approved a graduated driver license law that requires teens aged 15 years and 6 months old to have an adult at least 21 years of age seated in the front seat at all times, a driving curfew and supervised training for youth 16 years of age, and limits on the number of passengers under 18 years of age. This is a best-practice infrastructure building model that will positively affect the rate of MVC injuries for youth in Arizona. The Child Fatality Review Program will analyze any trends observed due to the enactment of graduated driving license restrictions for teen drivers.

The Arizona Injury Prevention Advisory Council, in conjunction with Arizona Automobile Association implemented a two-year trial safety belt educational program for Arizona high schools called Battle of the Belt. The schools participated in a year long program to increase safety belt usage among students, thereby saving lives. Students observed seat belt usage and developed appropriate intervention strategies to improve student seat belt use at their schools. The Automobile Association of America provided monetary prizes to schools with the highest overall safety belt use and most improved safety belt use rates. The tool kit for implementing a Battle of the Belt program is being made available to high schools throughout Arizona in 2009-2010.

The Community Health Grant (CHG) program funds contractors that implement education in high schools about driving while under the influence of alcohol.

The Arizona Legislature has not passed legislation to make the use of seatbelts a primary enforcement law. Such a measure would reduce the incidence of fatal and non-fatal injuries among this age cohort due to motor vehicle crashes. //2010//

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	21.9	26.2	29.0	30.7	30.7
Numerator	4400	5451	6188	6600	
Denominator	200686	208105	213698	215079	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					

Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Data for 2008 not yet available. Estimates for 2008 are provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Notes - 2007
Data for 2007 not yet available. Estimates for 2007 are provisionally set at the 2006 rate until data becomes available in the Fall of 2008.

Notes - 2006
Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:
/2010/ The rate of diagnosed Chlamydia per 1,000 women aged 15 though 19 years increased steadily from 2004 through 2007. There was a significant difference in the 2004 rate (21.9 per 1,000) and the 2007 rate (30.7 per 1,000) (Chi square 328.63 (1), p<0.0001). As a result of concerted Chlamydia screening activities, the number of cases identified in Arizona increased through 2007. Although better case finding may account for the increased rates, it is likely that the incidence of Chlamydia has grown as well. Arizona Chlamydia case rates have tended to be three to four times higher in females than in males. Over the period 2002 to 2006, race-specific rates were generally much lower among non-Hispanic whites when compared to other racial/ethnic groups. The Chlamydia case rate among Asians for this time period remained similar to or below the rate for whites. The rate among Native Americans represented the highest race-specific rate in the state through 2006. This may have been in part due to the aggressive and comprehensive Chlamydia testing conducted by Indian Health Services in the state. The rising rate of Chlamydia among blacks from through 2007, however, probably suggested a true increase in morbidity, especially since expanded screening efforts were not identified.

The Arizona STD Program collaborated with the Arizona Family Planning Council, the Maricopa County Public Health Laboratory, and the state health laboratories in Flagstaff and Tucson to facilitate Chlamydia-screening activities in Arizona. Due in part to this collaboration, Chlamydia screening efforts have expanded in family planning clinics, STD clinics, and correctional health facilities through the Infertility Prevention Project (IPP). The Program also receives funding from the Centers for Disease Control and Prevention to provide test kits to public health clinics throughout Arizona. All teens who report being sexually active are provided screening for Chlamydia and other STDs. Arizona law permits minors to seek treatment for sexually transmitted diseases without parental or guardian consent.

As of April, 2008 new statutory language makes legal the practice of Expedited Partner Therapy (EPT) for STDs. Specifically, medical providers can dispense an extra dose(s) of an antimicrobial medication to their patient to deliver to their partner or provide a prescription for the partner. This practice is currently supported for the treatment of partners of patients with Chlamydia and/or gonorrhea.

In 2008 the Arizona state laboratory located in Flagstaff was closed. In early 2009, Arizona also announced the impending closure of the Tucson state laboratory, and the program is currently in the process of arranging for the transfer of the labs that had previously been run in Tucson to the only remaining state laboratory located in Phoenix.

The Office of Women's Health is leading a work group that is examining STD prevention strategies for Black women. //2010//

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	8.0	9.6	11.2	10.7	10.7
Numerator	8243	10329	11849	11652	
Denominator	1033343	1075048	1061924	1085698	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2008
Data for 2008 not yet available. Estimates for 2008 are provisionally set at the 2007 rate until data becomes available in the Fall of 2009.

Notes - 2007
Data for 2007 not yet available. Estimates for 2007 are provisionally set at the 2006 rate until data becomes available in the Fall of 2008.

Notes - 2006
Data for 2006 not yet available. Estimates for 2006 are provisionally set at the 2005 rate until data becomes available in the Fall of 2007.

Narrative:
/2010/ Although the rate declined slightly from 2006 to 2007, there was a significant increase in the 2007 rate of Chlamydia among women aged 20 through 44 years (10.7 per 1,000) compared to the 2004 rate (8.0 per 1,000) (p<0.0001; CI 2.4 - 3.0). Low rates of testing among adult women mask the true rate of Chlamydia in this cohort. Arizona Chlamydia case rates have tended to be three to four times higher in females than in males. Over the period 2002 to 2006, race-specific rates were generally lower among non-Hispanic whites when compared to other racial/ethnic groups. The Chlamydia rate among Asians for this time period remained similar to or below the rate for whites. The rate among Native Americans represented the highest race-specific rate in the state through 2006. This may have been in part due to the aggressive and comprehensive Chlamydia testing conducted by Indian Health Services in the state. However, the increasing rate of Chlamydia among blacks from through 2007 probably suggested a true increase in morbidity, especially since expanded screening efforts were not identified.

The Arizona STD Program collaborated with the Arizona Family Planning Council, the Maricopa County Public Health Laboratory, and the state health laboratories in Flagstaff and Tucson to facilitate Chlamydia-screening activities in Arizona. Chlamydia screening efforts have expanded in family planning clinics, STD clinics, and correctional health facilities through the Infertility Prevention Project (IPP). The Program also receives funding from the Centers for Disease Control and Prevention to provide test kits to public health clinics throughout Arizona. All teens who report being sexually active are offered screening for Chlamydia and other STDs. Arizona law permits minors to seek treatment for

sexually transmitted diseases without parental or guardian consent.

As of April, 2008 new statutory language makes legal the practice of Expedited Partner Therapy (EPT) for STDs. Specifically, medical providers can dispense an extra dose(s) of an antimicrobial medication to their patient to deliver to their partner or provide a prescription for the partner. This practice is currently supported for the treatment of partners of patients with Chlamydia and/or gonorrhea.

The Office of Women's Health is leading a work group that is examining STD prevention strategies for Black women. The largest newspaper serving the African American community in Arizona is sponsoring a new section on health issues of concern. The Office of Women's Health work group will be contributing articles to the newspaper.

Screening analysis capacity is being reduced in Arizona. In 2008 the Arizona state laboratory located in Flagstaff closed. In early 2009, Arizona also announced the impending closure of the Tucson state laboratory, and the program is currently in the process of arranging for the transfer of the labs to the only remaining state laboratory located in Phoenix. //2010//

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	98995	84900	4299	6366	3430	0	0	0
Children 1 through 4	402486	348504	18938	24008	11036	0	0	0
Children 5 through 9	465088	399109	23380	30481	12118	0	0	0
Children 10 through 14	462890	393413	23854	34085	11538	0	0	0
Children 15 through 19	451910	381887	22188	36662	11173	0	0	0
Children 20 through 24	451886	388075	20197	31309	12305	0	0	0
Children 0 through 24	2333255	1995888	112856	162911	61600	0	0	0

Notes - 2010

Narrative:
/2010/ The 2008 population denominators assume that Arizona grew by 1.6 percent from 6,432,007 total residents in 2007 to 6,534,921 in 2008. Arizona's youth population grew 1.4 percent from 2007 to 2008. White Hispanic and non-Hispanic infants and children make up the vast majority (85.5 percent) of Arizona's youth. American Indian or Alaskan Native (7 percent) and Black or African American (5 percent) represent the largest racial minorities among youth.

The slowest rate of population growth since 1990 was combined with an unprecedented decrease of 3.4 percent in the number of resident births (the only decrease since 1991).

The percentage of White infants declined from 4.8 percent and Native American or Alaskan Natives declined 2.1 percent from 2007 to 2008. Arizona Health Status and Vital Statistics estimates take into account the decrease in the number of resident births and its impact on the estimated size of the population <1 year of age. In addition, the 2008 estimates are based on the assumption that factors affecting the population growth such as the number of illegal residents who had been driven out of the state, the decline in construction jobs, the number of foreclosures, the number of built but vacant homes, the decline in the number of resident births, etc., all apply primarily to metropolitan, not rural, counties. Our estimates of the total population of Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Navajo, Santa Cruz, and Yuma counties agree with the 2008 population estimates developed by Population Statistics Unit in the Arizona Department of Commerce. Arizona Health Status and Vital Statistics estimates for Maricopa, Mohave, Pima, Pinal, and Yavapai counties are lower than the estimates of the Population Statistics Unit. The estimated total of 6,534,921 residents of Arizona in 2008 is similar to the latest estimate from the U.S. Census Bureau (6,500,180) but it is substantially lower than the Population Statistics Unit estimate of 6,629,455.

ADHS programs (described in detail elsewhere in the grant application) utilize culturally and linguistically appropriate interventions to meet the health needs of Arizona's diverse maternal and child population. //2010//

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	56841	42154	0
Children 1 through 4	228790	173696	0
Children 5 through 9	278085	187003	0
Children 10 through 14	290448	172442	0
Children 15 through 19	300586	151324	0
Children 20 through 24	302301	149585	0
Children 0 through 24	1457051	876204	0

Notes - 2010

Narrative:
/2010/ Hispanics or Latinos represent 37.5 percent of the total population of youth aged 0-24 years in Arizona. However, Hispanics or Latinos experienced a dramatic 7.0 percent decrease in the number of infants enumerated in 2008 compared to 2007, while non-Hispanic infants declined less than 1.0 percent. No other cohort of Hispanic or Latino youth experienced a decline in population. Arizona Health Status and Vital Statistics estimates take into account the decrease in the number of resident births and its impact on the estimated size of the population <1 year of age. In addition, the 2008 estimates are based on the assumption that factors affecting the population growth such as the number of illegal residents who had been driven out of the state and/or did not immigrate into Arizona at similar rates, the decline in construction jobs, the number of foreclosures, the number of built but vacant homes, the decline in the number of resident births, etc., all apply primarily to metropolitan, not rural, counties. Arizona Health Status and Vital Statistics estimates of the total population of Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Navajo, Santa Cruz, and Yuma counties agree with the 2008 population

estimates developed by Population Statistics Unit in the Arizona Department of Commerce. Our estimates for Maricopa, Mohave, Pima, Pinal, and Yavapai counties are lower than the estimates of the Population Statistics Unit.

ADHS programs (described in detail elsewhere in the grant application) utilize culturally and linguistically appropriate interventions to meet the health needs of Arizona's diverse maternal and child population. //2010//

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Women < 15	161	126	12	22	1	0	0	0
Women 15 through 17	4151	3493	203	408	23	3	0	21
Women 18 through 19	7849	6542	441	755	81	5	0	25
Women 20 through 34	74898	64111	3201	4621	2531	53	0	381
Women 35 or older	12156	10292	444	556	722	7	0	135
Women of all ages	99215	84564	4301	6362	3358	68	0	562

Notes - 2010

Narrative:
/2010/ According to Arizona Health Status and Vital Statistics estimates the proportion of total births born to adolescents aged 19 and younger declined slightly from 12.6 percent to 12.3 percent of total births. The birth rate per 1,000 females 19 years and younger fell from 29.7 in 2007 to 27.4 in 2008, a 7.7 percent reduction. Females aged 18-19 years assumed the highest birth rate at 96.3 per 1,000 in 2008. However, this was still an 8.6 percent reduction in the birth rate for this age cohort compared to 2007 (105 per 1,000).

The White (Hispanic and non-Hispanic) birth rate for teens aged 15-19 years fell from 59.0 to 54.3 per 1,000 females, a nearly 8 percent reduction. American Indian or Alaskan Native also saw a significant reduction in teen births from 70.4 to 64.1 per 1,000 females aged 15-19 years. However, the birth rate for Black of African American teens rose from 60.8 in 2007 to 63.3 per 1,000 females aged 15-19 years in 2008. Among older women aged 35-44 years of age, the birth rate remained steady in 2008 at slightly more than 27 births per 1,000 women.

The Reproductive Health/Family Planning Program focused on making services available to sexually active teens in an effort to reduce teen pregnancy rates. In 2008, 54% of clients served were under 24 years old. The RHFP collaborated with the Title X and Arizona Family Planning Council (AFPC) to share data to analyze trends and outcomes of family planning services among this group. The RHFP will also continue to focus on providing reproductive health/family planning services to sexually active teens. BWCH received a

grant from the National Campaign to Prevent Teen and Unplanned Pregnancy to focus on women in their 20's. The RHFP intends to collaborate with this new program once it begins.

Fourteen of the fifteen counties were funded to provide Teen Pregnancy Prevention programming to youth and parents. Partnerships were developed with the county juvenile probation in order to encourage participation in program from youth on probation, this has been very successful. Three pilot programs were funded through the Division of Behavioral Health to integrate teen pregnancy prevention messages into current programming, these programs were cancelled due to budget cuts. //2010//

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY Total live births	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Women < 15	50	111	0
Women 15 through 17	1406	2724	21
Women 18 through 19	3491	4333	25
Women 20 through 34	43224	31292	381
Women 35 or older	7842	4179	135
Women of all ages	56013	42639	562

Notes - 2010

Narrative:
/2010/ According to Arizona Health Status and Vital Statistics estimates Hispanic or Latina females have the highest birth rate among their age cohort in Arizona. Among Hispanic or Latina females aged 15-19 years 96.7 per 1,000 delivered a birth in 2008. For 18-19 year old Hispanic or Latina females, the birth rate was 163.1 per 1,000. These rates were significantly greater than those rates found among non-Hispanic females (17.1 for 15-19 year olds and 63.5 for 18-19 year olds). However, it is important to note that the rate of births for Hispanic or Latina teens declined 9.3 percent (15-19 year olds) and 10.7 percent (18-19 year olds) from the 2007 rates.

The Reproductive Health/Family Planning Program focused on making services available to sexually active teens in an effort to reduce teen pregnancy rates. In 2008, 54% of clients served were under 24 years old. The RHFP collaborated with the Title X and Arizona Family Planning Council (AFPC) to share data to analyze trends and outcomes of family planning services among this group. The RHFP will also continue to focus on providing reproductive health/family planning services to sexually active teens. The Bureau of Women's and Children's Health received a grant from the National Campaign to Prevent Teen and Unplanned Pregnancy to focus on women in their 20's. The RHFP intends to collaborate with this new program once it begins.

Fourteen of the fifteen counties were funded to provide Teen Pregnancy Prevention programming to youth and parents. Partnerships were developed with the county juvenile probation in order to encourage participation in program from youth on probation, this has been very successful. Three pilot programs were funded through the Division of

Behavioral Health to integrate teen pregnancy prevention messages into current programming, these programs were cancelled due to budget cuts. //2010//

Health Status Indicators 08A: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

HSI #08A - Demographics (Total deaths)

CATEGORY Total deaths	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	625	466	76	52	26	1	0	4
Children 1 through 4	128	96	10	15	4	0	0	3
Children 5 through 9	66	49	10	7	0	0	0	0
Children 10 through 14	68	56	6	4	2	0	0	0
Children 15 through 19	297	231	19	41	4	0	0	2
Children 20 through 24	458	357	31	64	4	0	0	2
Children 0 through 24	1642	1255	152	183	40	1	0	11

Notes - 2010

Narrative:

/2010/ Total infant mortality decreased from 705 deaths in 2007 to 625 in 2008, a reduction of 11 percent. Although the infant mortality rate declined from 6.8 to 6.3 per 1,000 live born infants from 2007 to 2008, no consistent reduction has been seen in infant mortality in Arizona during the past six years. In 2008 the Arizona infant mortality rate remained similar to the national rate of 6.7 per 1,000 live births (2006). The data for infant mortality is found in advanced analysis of 2008 Arizona Vital Health and Statistics.

Racial disparities in infant and youth mortality remain persistent in Arizona. Although Whites (Hispanic and non-Hispanic) had the most total infant deaths, Black or African American infant mortality (17.7 per 1,000 live born infants) was more than three times as great at the rate for Whites (5.5 per 1,000 live born infants), and two-times as great as the rate found in American Indian or Alaskan Native infants (8.2 per 1,000 live born infants).

Among older youth aged 15 through 19, there was a 13 percent decrease in the total number of deaths in 2008 (297) compared to 2007 (341). Racial disparities were less apparent in the mortality rates for older youth. The mortality rate for White youth (1.5 per 1,000 residents aged 15 through 19), Black or African American youth (1.4), and American Indian or Alaskan Native youth (1.7) were similar in 2008. The population denominator was based on population projections that are less precise than birth certificates. Thus, the rates are estimates of mortality across this age cohort.

In 2008, Child Fatality Review teams reviewed 100 percent of deaths for all children in Arizona, including infant deaths. These teams examined and identified the circumstances surrounding the deaths that could have been prevented. The data were analyzed for public policy and prevention campaigns and reports were provided to the public for research,

media reports, and public health campaigns.

In September 2008 the Office of Newborn Screening merged with the Bureau of State Laboratory Services and is now able to provide transparent continuity of care for all newborn screens. Services, beginning with the receipt of a blood spot card, through case management follow up services, demographics entry, and up to diagnosis, are completed in the same location.

The transport component of the High Risk Perinatal Program continues to ensure the immediate transport of any critically ill neonate or pregnant woman at risk of premature delivery to the appropriate level of perinatal care.

The Community Health Grant program continues to educate clients about preventing fetal and infant deaths, and to expand the scope of information available to clients about preconception care.

Funding for the County Prenatal Block Grant has been discontinued. Prenatal education and enabling services that were funded through the CPBG have sought other funding or been discontinued. //2010//

Health Status Indicators 08B: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)*

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	348	275	2
Children 1 through 4	63	62	3
Children 5 through 9	40	26	0
Children 10 through 14	37	31	0
Children 15 through 19	171	125	1
Children 20 through 24	312	143	3
Children 0 through 24	971	662	9

Notes - 2010
There was a correction for 2006 mortality data by ethnicity among infants. The 2006 data should read:

	Not Hispanic/Latino	Hispanic/Latino	Not reported
Infants 0 to 1	365	338	2

There was a correction for 2006 mortality data by ethnicity among children 15 through 19. The 2006 data should read:

	Not Hispanic/Latino	Hispanic/Latino	Not reported
Children 15-19	216	125	0

Narrative:

/2010/ There was a 19 percent decline in the number of Hispanic or Latino infant deaths between 2007 and 2008 (see footnote in data). The overall infant mortality rate for Hispanic or Latino declined from 7.4 percent to 6.4 percent, nearly equal to the non-Hispanic or Latino rate of 6.2 per 1,000 live births. The dramatic decline in births attributed to Hispanic or Latinos in 2008 compared to 2007 resulted in a highly variable infant mortality rate change that was not found across other age groups. For instance, in the 15-19 age cohort the same number of Hispanic or Latino youth died in 2007 and 2008 (125) resulting in nearly the same mortality rate (.8 of 1,000 youth aged 15-19 years). Population counts of Hispanic or Latino youth are estimates and therefore, mortality rates for this cohort are less precise than for infants which rely on counts of annual birth certificates. In addition the population counts are of residents which do not take into account for the substantial number of non-resident Hispanic or Latinos in Arizona.

The Health Start Program is a preventative health program that provides case management in high risk communities with a focus on improving birth outcomes and the health of children. The 2008 study of AZ Health Start concluded that babies of Health Start mothers had higher gestational ages and/or full term when compared to non-Health Start mothers. Babies of Health Start mothers also had higher birth weights when compared to babies whose mothers were not in the program. The proportion of very low birth weight infants born to Health Start clients was approximately 1%. The majority of infants in the study were of Hispanic or Latino ethnicity. //2010//

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**	**Specific Reporting Year**
All children 0 through 19	1881369	1607813	92659	131602	49295	0	0	0	2008
Percent in household headed by single parent	23.1	21.1	42.8	31.0	13.3	24.0	27.3	25.2	2008
Percent in TANF (Grant) families	3.4	3.0	8.2	5.6	0.9	0.0	0.0	0.0	2008
Number enrolled in Medicaid	657340	517327	44042	74937	9860	0	0	11174	2008
Number enrolled in SCHIP	63688	53084	1677	4686	1101	0	0	3140	2008
Number living in foster home care	20024	15127	2694	1449	178	0	0	576	2008
Number enrolled in food stamp program	365396	285090	29900	45413	2324	1136	0	1533	2008
Number enrolled in WIC	258824	234916	14901	5249	2611	1147	0	0	2007
Rate (per	5046.9	4993.1	8203.1	3427.5	1484.3	0.0	0.0	0.0	2008

100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)	4.8	5.3	5.6	11.3	2.2	0.0	0.0	0.0	2007

Notes - 2010

Narrative:
/2010/ The number of children aged 0 through 19 in Arizona increased by 1.2 percent according to state population estimates. The largest increase was estimated to be among Black or African American (1.7 percent) and Whites (1.2 percent). Although the percent of this age cohort in families on TANF (Temporary Assistance to Needy Families) remained basically the same in 2008, the effects of the economic recession were seen in other categories. For instance, there were substantial increases in the number of children in this age cohort enrolled in Medicaid (11.1 percent), receiving food stamps (14.8 percent), and infants enrolled in WIC (5.9 percent) in 2008. All racial groups saw increased enrollment in these social service programs beyond estimated population growth. These increases may reflect a combination of changes in program eligibility, program outreach, and the deleterious effects of the economic recession on Arizona's most vulnerable children.

Although the Arizona MCH Title V program does not fund most of these programs, Title V funding is used to support the maternal and child health needs of populations that utilize these programs. For instance, the Office of Oral Health continues to maintain dental trailers on loan to communities or non-profit organizations to provide care in underserved areas. Training was provided to approximately 450 staff members of child care facilities, Head Start staff, and WIC programs on early oral health issues and early intervention. The Dental Sealant program reaches children in underserved and low-income areas and through a HRSA Work Force grant established one tele-dental site in rural Arizona. A media campaign promoting the establishment of a dental home was targeted at medical and dental providers as well as the general public.

The Teen Pregnancy Prevention Program (TPP) actively works with juvenile detention facilities and the Department of Economic Security to provide education on teen pregnancy prevention to incarcerated youth and those in foster care. Inter-agency collaboration has enabled a Title V funded program such as the TPP to reach a cohort of youth that would otherwise be missed with traditional outreach in public schools.

Many of the various state programs listed above have experienced or will experience substantial cuts in service capacity due to the economic recession. Particularly hard hit is the Department of Economic Security which supports TANF, food stamps, and foster care programs. Service capacity is not expected to keep up with the need for these services among this age cohort in 2009. //2010//

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity. (Demographics)*

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY	**Total NOT**	**Total**	**Ethnicity Not**	**Specific**

Miscellaneous Data BY HISPANIC ETHNICITY	**Hispanic or Latino**	**Hispanic or Latino**	**Reported**	**Reporting Year**
All children 0 through 19	1154158	727211	0	2008
Percent in household headed by single parent	24.8	23.5	0.0	2008
Percent in TANF (Grant) families	2.6	4.6	0.0	2008
Number enrolled in Medicaid	314866	331300	11174	2008
Number enrolled in SCHIP	25260	38893	3140	2008
Number living in foster home care	12913	7111	576	2008
Number enrolled in food stamp program	158341	207055	0	2007
Number enrolled in WIC	79660	179164	0	2008
Rate (per 100,000) of juvenile crime arrests	4745.8	5565.3	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	4.6	7.3	0.0	2007

Notes - 2010

Narrative:
/2010/ The number of Hispanic or Latino children aged 0 through 19 in Arizona increased by 1.1 percent according to state population estimates. There were substantial increases in the number of Hispanic or Latino children in this age cohort enrolled in Medicaid (9.4 percent), receiving food stamps (15.8 percent), enrolled in foster care (4.9 percent), and infants enrolled in WIC (4.8 percent) in 2008. It is important to note that residency status of Hispanic or Latino youth impacts access to state programs. Therefore, the increase in enrollment in these programs may not reflect the true magnitude of need among all Hispanic or Latino youth living in Arizona regardless of residency. Kids Care (SCHIP) is a federal and state program administered by Arizona Medicaid to provide health care services for children under the age of 19 living in families with a gross income at or below 200 percent of the Federal Poverty Level (FPL). In 2008 enrollment in Kids Care dropped 2.3 percent despite the eligibility requirements remaining the same. The decrease was among those of Hispanic or Latino ethnicity (3.6 percent) while non-Hispanic or Latinos witnessed a large increase in Kids Care enrollment (16.9 percent). Decline in Hispanic or Latino immigration to Arizona is a possible explanation for the reduction in Kids Care enrollment among this ethnic group. //2010//

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	**Total**
Living in metropolitan areas	1865245
Living in urban areas	1422546
Living in rural areas	427368
Living in frontier areas	31455
Total - all children 0 through 19	1881369

Notes - 2010
The proportions living in metropolitan areas from the 2000 Census were applied to the total Arizona Department of Economic Security population estimates for 2008 to estimate the numbers living in metropolitan areas.

Narrative:
/2010/ The percentage of children aged 0 through 19 years living in metropolitan areas and urban areas increased by 1.3 and 2.8 percent respectively in 2008. Revisions in the methodology used to estimate the number of children reported living in rural and frontier areas in 2008 made comparisons with previous year data unreliable. //2010//

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total
Total Population	6500180.0
Percent Below: 50% of poverty	6.6
100% of poverty	14.1
200% of poverty	33.5

Notes - 2010

Narrative:
/2010/ The total population of Arizona was estimated to have increased by 2.5 percent according to U.S. Census Populations Estimates Program. The poverty statistics were obtained through two different census estimates. According to the 2007 U.S. Current Population Survey, more than 15 percent of Arizonan's were living at or below 100 percent of the federal poverty level , and 35 percent were living at or below 200 percent of the poverty level. In order to obtain the proportion of Arizonans living at or below 50 percent of the poverty level (defined as severely poor by the U.S. Census), a weighted figure was obtained using 2005-2007 population estimates from the American Community Survey. More than 6.5 percent of Arizonans were classified as severely poor during this time period. All poverty categories increased slightly from previously reported estimates across this measure which relied on the 2000 U.S. Census proportions. The full effect of the economic recession in Arizona is likely to result in increased proportions of Arizonans at all levels of poverty in 2009.

The percent of federal poverty level for eligibility in the State's SCHIP program for infants, children and pregnant women remains 200 percent. However, the poverty level for eligibility in State Medicaid programs is lower; 140 percent for infants, 133 percent for children one through five years old, 100 percent for children six through 18 years old, and 150 percent for pregnant women. //2010//

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total
Children 0 through 19 years old	1881369.0
Percent Below: 50% of poverty	10.7
100% of poverty	21.0
200% of poverty	41.7

Notes - 2010

Narrative:
/2010/ According to the 2008 U.S. Census Current Population Survey (data collected in 2007), an estimated 30.4 percent of zero through 19 year olds were living at or below the federal poverty line. This figure is similar to the proportion of youth estimated to be living in poverty during the previous three years (31 percent). There were, however, fewer estimated youth living from 100 to 200 percent of the poverty level according to the 2008. Because of the small sample size of this survey, none of these differences were significant. However, we anticipate that the proportion of zero through 19 year olds that are below each level of poverty is expected to grow over the 2008 and 2009 surveys due to the effects of the economic recession in Arizona.

The percent of federal poverty level for eligibility in the State's SCHIP program for infants, children and pregnant women remains 200 percent. However, the poverty level for eligibility in State Medicaid programs is lower; 140 percent for infants, 133 percent for children one through five years old, 100 percent for children six through 18 years old, and 150 percent for pregnant women. //2010//

F. Other Program Activities

Toll-Free Hotlines. OWCH operates two toll-free hotlines: the Children's Information Center (CIC) and the Pregnancy and Breastfeeding Hotline. The CIC is a statewide, bilingual/bicultural toll-free number (TDD available for the hearing-impaired in Maricopa County) that provides information, referral, support, education and advocacy to family care givers and health care professionals throughout Arizona. Follow-up is provided to all those who call the number. The Pregnancy and Breastfeeding Hotline is a bilingual/bicultural hotline that facilitates entry of pregnant women into prenatal care services. Although the service is available to any caller, the target population is low-income women and those with culturally diverse needs. It provides advocacy, education, information and support to disadvantaged women and their families. Follow-up calls are provided to all those who use the number. The OWCH Hotline staff has assumed responsibility for the WIC Hotline and WIC provides training and technical assistance for the Hotline staff. A decision was made to reinstitute Baby Arizona, which is a presumptive eligibility process which guarantees physicians who see pregnant women that their first prenatal care visit will be covered by AHCCCS, even before the woman is determined to be eligible for AHCCCS services. Hotline staff will assist in referring women to Baby Arizona.

/2007/The State Systems Development Initiative (SSDI) will convene stakeholders to identify unmet program information needs. SSDI will collect feedback regarding if data is accessible, yields information that identifies and monitors trends, supports strategic planning, coordinates, integrates, and directs resources. SSDI will prioritize needs and will develop a plan based on unmet priority-need areas.//2007//

State Early Childhood Comprehensive Systems Grant (SECCS). The Office of Women's and Children's Health worked in partnership with the Governor's Office to submit the application for the SECCS to work with stakeholders to develop strategies to better integrate early childhood services and to develop a statewide Early Childhood Systems Plan. ADHS was awarded $100,000 per year for two years beginning July 1, 2003. Funds were used to provide support to the Governor's School Readiness Board. Many people from ADHS, including OWCH staff, participated on subcommittees of the School Readiness Board. Staff will provide support to SECCS planning process as needed. The Board provided its recommendations to the Governor in the fall of 2003, and an implementation plan was released in 2005.

One of the recommendations of the Governor's School Readiness Action Plan recommends developing a health and safety consultation system for childcare providers. The Office of

Women's and Children's Health, in conjunction with the Arizona Center for Community Pediatrics, sponsored a telephone survey to evaluate health and safety issues that childcare providers deal with on a regular basis. This survey, which was conducted in 2004, assessed the need for technical support and training in licensed childcare for children five years old and younger. Results of the survey are summarized in the five-year needs assessment document (in the section on Children and Adolescents) accompanying this application.

/2007/Hearing screening is mandated for all Arizona schools. The Program collaborated with the University of Arizona to create a draft curriculum outline for Vision Screening training. The Program monitors the number of children in Arizona schools who receive hearing screening and vision screening. The Program trains hearing screening trainers and monitors the training for hearing screeners to determine their compliance with Arizona Hearing Screening Rules. The Program loans audiometers to schools to provide hearing screening to children. The Program will continue development of a vision-screening curriculum and will begin developing a Train the Trainer Program in Vision Screening.

The Early Childhood Health Consultation Project in Pima County conducted a variety of activities, some of which are discussed under other sections of this application. In addition to those activities, the program worked closely with the Governor's School Readiness Board on initial steps to develop a statewide health consultation system. This work is being done in conjunction with the State Early Childhood Comprehensive Systems Grant. The Project responds to requests from childcare programs, collaborates with county partners in the development of resources for childcare programs, and promotes best practices related to health and safety of childcare centers. The Project will update the communicable disease flipchart used by childcare providers, will provide training for health professionals utilizing the National Training Institute for Child Care Health Consultants as a guide. The Project will also work with the United Way of Southern Arizona to complete the Quality Rating system for childcare centers that has been developed and piloted.//2007//

Cultural competence:

/2007/Cultural competency will be addressed in other sections of this application for those programs that are discussed under specific performance measures and health systems capacity indicators.//2007// In addition to the information provided in those sections, OWCH programs take measures to ensure that services are linguistically and culturally appropriate, and family centered. The following are just a few examples: Community grants were set up specifically to address cultural competence by putting program design into the hands of the community to ensure that they will reflect the unique circumstances and cultural characteristics of each community. Each year OWCH sponsors the statewide Family Centered Practice Conference which supports family involvement and improves families' ability to access and utilize community services. OWCH is currently working with the Governor's Minority Advisory Council to develop specific strategies to address disparities, including health issues. Meetings focus attention on issues affecting each minority group to examine relationships between the group's social and cultural characteristics and their health status. Health disparity information is shared with community leaders who provide context to statistics, and who can mobilize support.

/2009/OCSHCN staff and CRS contractors participate in an annual cultural competence self-assessment. Results are used to establish a baseline regarding staff perceptions, develop plans that address changes in policy and procedure, and identify training opportunities. OCSHCN facilitates a monthly cultural competency committee meeting. The committee includes OCSHCN staff, BHS staff, CRS contractors and outside agencies. The committee has discussed information and resources about immigration and has reviewed tools for organizational cultural competency self-assessments. OCSHCN's practices, policies and training stress the need for providers to recognize the cultural, racial, ethnic, geographic, social, spiritual and economic diversity and individuality of families. OCSHCN requires contractors to provide culturally competent service, requires them to use language assistance services and monitors them for

compliance. Family satisfaction surveys are conducted in English and Spanish and results are tabulated by race, ethnicity and the need for translation services.//2009//
2010/ The OCSHCN Cultural Competency committee meets quarterly. OCSHCN uses the weekly e-letter OCSHCN Currents to provide education on CLAS standards, use of the language line and other information about cultural awareness and sensitivity. Cultural competency training is part of monthly staff meetings//2010//

E-Learning
/2009/ OCSHCN's e-learning program added 46 new courses to the learning management system (LMS), expanded registration to 490 external partners, partnered with AHCCCS to include their e-learning domain on the LMS, and partnered with BHS and RSK - F2FHIC to develop courses. OCSHCN's website is used to offer information to families, providers and the community and to seek public input on programs and services. Information on cultural competency is available on the website.//2009//

G. Technical Assistance

Only one request is being made for technical assistance, and it is related to collecting data for National Performance Measure 15, the percent of women who smoke in the last three months of pregnancy. The State of Arizona does not participate in PRAMS and we are unaware of any other data source for this measure.

/2008/For the 2008 application year, Arizona is requesting technical assistance to assist with one of our state defined priorities. The Bureau of Women's and Children's Health would like assistance with identifying models for integrating behavioral health with MCH programs. Related to the priority of preventable infant mortality, BWCH also request assistance with identifying a preconception health self assessment tool; strategies for funding preconception care; and framing preconception health message among different populations./2008//

V. Budget Narrative

A. Expenditures

The state's match and overmatch continues to exceed the 1989 maintenance of effort.

The budgeted amounts are based on previous year's projections and do not correlate well with the actual budgeted amount because of the unpredictability of the actual award amount and program changes that occur.

/2007/There are no updates for this year//2007//

/2008/There are no updates for this year//2008//

/2009/There are no updates for this year//2009//

/2010/There are not updates for this year//2010//

B. Budget

In 1998, the Arizona Department of Health made the decision to transition the MCH budgeting cycle from a federal fiscal year to a calendar fiscal year. Consequently, the annual reporting of budgeted, encumbered, and expended monies through September 30th is misleading in that we actually have another three months remaining in our calendar year budget cycle so expenditures will appear less than they should be while remaining money will appear greater.

The estimated Title V allocation for Arizona: For FFY2006 $7,769,858. More than 32% ($2,512,683) will be allocated for preventative and primary care needs for children and adolescents; 30% ($2,330,957) for children with special health care needs; less than 28% ($2,149,233) for women, mothers and infants and 10% ($776,985) for administrative costs/2007/For FFY2007 $7,512,293. More than 30% ($2,286,514) for preventative and primary care needs for children and adolescents; 30% ($2,253,688) for children with special health care needs; less than 30% ($2,220,862) for women, mothers and infants and 10% ($751,229) for administrative costs.//2007// /2008/For FFY2008 $7,255,120. More than 30% ($2,242,127) for preventative and primary care needs for children and adolescents; 30% ($2,176,536) for children with special health care needs; less than 30% ($2,110,945) for women, mothers and infants and 10% ($725,512) for administrative costs.//2008// /2009/For FFY2009 $7,028,756. More than 30% ($2,212,595) for preventative and primary care needs for children and adolescents; 30% ($2,108,627) for children with special health care needs; less than 30% ($2,004,659) for women, mothers and infants and 10% ($702,876) for administrative costs//2009// ***/2010/The estimated Title V allocation for Arizona, FFY2010, is $7,035,771. For FFY 2010, 31.22% ($2,196,893) of the Title V Block grant will be allocated for preventative and primary care needs for children and adolescents; 30% ($2,110,730) will be allocated to children with special health care needs; 28.78% ($2,024,571) will be allocated for women, mothers and infants and no more than 10% ($703,577) will be budgeted for administrative costs.//2010//***

We have another three months remaining in our calendar year budget cycle, so our remaining money will appear greater. Projected carryover from our FFY2005 grant is $2,848,328: $1,170,788 for pregnant women, mothers and infants; $943,360 for preventative and primary care needs for children and adolescents; and $734,180 for children with special health care needs./2007/Projected carryover from our FFY2006 grant is $2,861,375: $517,867 for pregnant women, mothers and infants; $467,312 for preventative and primary care needs for children and adolescents; and $1,876,196 for children with special health care needs.//2007// /2008/Projected carryover from our FFY2007 grant is $1,618,200: $341,000 for pregnant women, mothers and infants; $402,000 for preventative and primary care needs for children and adolescents; and $875,200 for children with special health care needs.//2008// /2009/It is projected that there will

be $394,791 unobligated funds from our FFY2008 block grant. The Office for Children with Special Health Care Needs expends their funds on a state fiscal year (7/1 - 6/30) and does not begin using the funds awarded 10/1 until 7/1 the following year//2009// ***/2010/It is projected that there will be $1,166,773 unobligated funds from our FY2009 block grant. The Office for Children with Special Health Care Needs expends their funds on a state fiscal year (7/1 - 6/30) and does not begin using the funds awarded 10/1 until 7/1 the following year.//2010//***

The state's match and maintenance of effort: For FFY2006, the $12,036,000 in state general funds include High Risk Perinatal Services, a perinatal service grant to all fifteen counties, Children's Rehabilitation Services, Adult Cystic Fibrosis, Sickle Cell Anemia, Child Fatality Review; Prenatal Outreach and Newborn Screening Programs. An additional $1,226,434 in state general funds is allocated to the Public Health Prevention Bureau and supports half of our personnel located in the Offices of the Bureau Chief, Women's and Children Health, Children with Special Health Care Needs and Oral Health and supplements above-the-line activities. Our state's FFY2006 match and overmatch of $13,262,434 continues to exceed the maintenance of effort amount of FFY1989's $12,056,360./2007/For FFY2007, the $12,232,200 in state general funds includes High Risk Perinatal Services, a perinatal service grant to all fifteen counties, Children's Rehabilitation Services, Adult Cystic Fibrosis, Sickle Cell Anemia, Child Fatality Review and Newborn Screening Programs. An additional $700,129 in state general funds is allocated to the Public Health Prevention Bureau and supports half of our personnel located in the Offices of the Bureau Chief, Women's and Children Health, Children with Special Health Care Needs and Oral Health and supplements above-the-line activities. Our state's FFY2007 match and overmatch of $13,032,329 continues to exceed the maintenance of effort amount of FFY1989's $12,056,360.//2007// /2008/For FFY2008, the $16,002,096 in state general funds include High Risk Perinatal Services, a perinatal service grant to all fifteen counties, Children's Rehabilitation Services, Adult Cystic Fibrosis, Sickle Cell Anemia Child Fatality Review, and Newborn Screening Programs. An additional $877,064 in state general funds is allocated to the Public Health Prevention Bureau and supports half of our personnel located in the Offices of the Bureau Chief, Women's and Children Health, Children with Special Health Care Needs and Oral Health and supplements above-the-line activities. Our state's FFY2008 match and overmatch of $16,879,160 continues to exceed the maintenance of effort amount of FFY1989's $12,056,360.//2008// /2009/For FFY2009, the $16,755,300 in state general funds include High Risk Perinatal Services, a perinatal service grant to all fifteen counties, Children's Rehabilitation Services, Adult Cystic Fibrosis, Sickle Cell Anemia, Child Fatality Review and Newborn Screening Programs. An additional $1,137,253 in state general funds is allocated to Public Health Prevention Services supports half of our personnel located in the Offices of the Bureau Chief, Women's and Children Health, Children with Special Health Care Needs and Oral Health and supplements above-the-line activities. Our state's FFY2009 match and overmatch of $17,892,553 continues to exceed the maintenance of effort amount of FFY1989's $12,056,360//2009// ***/2010/For FFY 2010, the state's match and maintenance of effort includes State General, Lottery, Dental Sealant, and donation funds. The $6,063,683 in State General funds include High Risk Perinatal Services, Children's Rehabilitation Services (CRS), Child Fatality Review Program, and operating funds allocated to the Public Health Prevention Division and, in part, supports half of our personnel located in the Offices of the Women's and Children Health, Children with Special Health Care Needs and Oral Health and supplements above-the-line activities. The $6,412,400 in Lottery funds includes the Teen Pregnancy Prevention and Prenatal Outreach (Health Start) Programs. The $128,056 in donation funds are for the Children's Rehabilitation Services Program and $250,000 is from fees generated by the Dental Sealant Program. Our state's FY2010 match and overmatch of $12,854,139 continues to exceed the maintenance of effort amount of FY1989's $12,056,360.//2010//***

We receive additional state and local funding as a result of our collaboration with other state government agencies and charitable foundations: For FFY2006, the total of $20,187,058 is designated for Children's Rehabilitative Services, Teen Pregnancy Prevention and Abstinence Services, and the Prenatal Outreach Program/2007/For FFY2007, the total of $22,721,775 is

designated for Children's Rehabilitative Services, Teen Pregnancy Prevention and Abstinence Services, and the Prenatal Outreach Program//2007// /2008/For FFY2008, the total of $28,991,313 is designated for Children's Rehabilitative Services, Teen Pregnancy Prevention and Abstinence Services, Pregnancy Services and the Prenatal Outreach Program//2008// /2009/For FFY2009, the total of $34,243,753 is designated for Children's Rehabilitative Services, Teen Pregnancy Prevention, and the Prenatal Outreach Program//2009//

Other federal funds: For FFY2006, $57,926,638 represent matching funds from Title XIX and Title XXI for Children's Rehabilitative Services. Additional federal monies will contribute another $86,348,660 toward MCH initiatives, which include the WIC food grant, Universal Newborn Hearing, Rape Prevention and Education, Family Violence Prevention, SSDI Primary Care, Abstinence Education, Kids Care, Arizona Early Intervention, Child Fatality Review, Early Childhood Comprehensive Systems, and the Preventive Health and Health Services Block Grant. /2007/For FFY2007, $43,307,910 represent matching funds from Title XIX and Title XXI for Children's Rehabilitative Services. Additional federal monies will contribute another $84,785,126 toward MCH initiatives which include the WIC food grant, Universal Newborn Hearing, Rape Prevention and Education, Family Violence Prevention, Core State Injury Surveillance and Program Development, Emergency Medical Service for Children, SSDI Primary Care, Abstinence Education, Kids Care, Spinal Head Injury, Arizona Early Intervention, Child Fatality Review, Early Childhood Comprehensive Systems and the Preventive Health and Health Services Block Grant.//2007// /2008/For FFY2008, $49,574,056 represent matching funds from Title XIX and Title XXI for Children's Rehabilitative Services. Additional federal monies will contribute another $76,113,790 toward MCH initiatives which include the WIC food grant, Universal Newborn Hearing, Rape Prevention and Education, Family Violence Prevention, Core State Injury Surveillance and Program Development, Emergency Medical Service for Children, SSDI Primary Care, Kids Care, Spinal Head Injury, Integrated Community Systems implementation, Child Fatality Review, Early Childhood Comprehensive Systems and the Preventive Health and Health Services Block Grant.//2008// /2009/For FFY2009, $61,143,652 represent matching funds from Title XIX and Title XXI for Children's Rehabilitative Services. Additional federal monies will contribute another $97,993,807 toward MCH initiatives which include the WIC food grant, Universal Newborn Hearing, Rape Prevention and Education, Family Violence Prevention, Core State Injury Surveillance and Program Development, Emergency Medical Service for Children, SSDI Primary Care, Kids Care, Spinal Head Injury, NGIT Fetal Alcohol Spectrum Disorders, Child Fatality Review, Early Childhood Comprehensive Systems and the Preventive Health and Health Services Block Grant//2009// ***/2010/Other federal funds administered by the MCH Chief and CSHCN Chief besides the MCH Title V Block Grant Program include matching funds from Title XIX and Title XXI for Children's Rehabilitative Services; Rape Prevention and Education, Family Violence Prevention, Core State Injury Surveillance and Program Development, Emergency Medical Service for Children, State Systems Development Initiative, Kids Care, Spinal Head Injury, NGIT Fetal Alcohol Spectrum Disorders, 1st Time Motherhood, and the TAPESTRY Project.//2010//***

Core Public Health Infrastructure: For FFY2006, Office of Women's and Children's Health (Part A & B): $1,981,971 will support the Department's birth defect registry; administrative initiatives; information technology automation; the Deputy Assistant Director's Office for special projects; assessment, evaluation and epidemiologic analysis; Nutrition consultant; women's health initiatives; Community Grants; Child Health Primary Care; Healthy Mothers/Health Babies contract with Banner Health Foundation of Arizona; the Early Childhood Program; and Midwife Licensing. Office of Children with Special Health Care Needs (Part C): $2,130,957 will support administrative initiatives; Community Development; Quality Assurance and Utilization Review for the Children's Rehabilitation Services program; epidemiological support; and Child Fatality support /2007/For FFY2007, Office of Women's and Children's Health (Part A & B): $1,853,507 will support the Department's Office of Birth Defects; administrative initiatives; information technology automation; the Deputy Assistant Director's Office for special projects; assessment, evaluation and epidemiologic analysis; Nutrition consultant; women's health initiatives; Community Grants; the Early Childhood Program; and Midwife Licensing. Office of Children with

Special Health Care Needs (Part C): $2,070,688 will support administrative initiatives; Community Development; Quality Assurance and Utilization Review for the Children's Rehabilitation Services program; epidemiological support; and Child Fatality support//2007// /2008/For FFY2008, Office of Women's and Children's Health (Part A & B): $2,051,218 will support the Department's Office of Birth Defects; administrative initiatives; information technology automation; the Deputy Assistant Director's Office for special projects; assessment, evaluation and epidemiologic analysis; Nutrition consultant; women's health initiatives; Community Grants; the Early Childhood Program; and Midwife Licensing. Office of Children with Special Health Care Needs (Part C): $1,988,536 will support administrative initiatives; Community Development; and Quality Assurance and Utilization Review for the Children's Rehabilitation Services program//2008// /2009/For FFY2009, Bureau of Women's and Children's Health (Part A & B): $1,769,624 will support the Department's Office of Birth Defects; administrative initiatives; information technology automation; the Assistant Director's Office for special projects; assessment, evaluation and epidemiologic analysis; Nutrition consultant; women's health initiatives; Community Grants; Early Childhood Program; Child Fatality services; and Midwife Licensing. Office of Children with Special Health Care Needs (Part C): $1,921,627 will support administrative initiatives; CRS Direct Services; Service Coordination and Early Intervention; Education, Training and Support Services and Advocacy, Outreach and Member Services//2009// ***/2010/For FFY2010, Bureau of Women's and Children's Health (Part A & B): $1,654668 will support the Department's birth defect registry, management service, information technology automation, assessment, evaluation and epidemiologic analysis, Nutrition support, Child Fatality services, Midwife Licensing, women's health and children's health initiatives that include the Community Grants and the Early Childhood Program. Office of Children with Special Health Care Needs (Part C): $1,925,730 will support administrative initiatives, CRS Direct Services, Service Coordination, Early Intervention, Education, Training, Support Services and Advocacy, Outreach and Member Services.//2010//***

Population-Based Services: $724,252 is budgeted for the Sensory Program; Community grants; the Pregnancy and Breastfeeding Hotline Program; High Risk Perinatal Services; and Immunizations /2007/$741,799 is budgeted for the Sensory Program; Community grants; the Pregnancy and Breastfeeding Hotline Program; High Risk Perinatal Services; and Immunizations//2007// /2008/$593,128 is budgeted for the Sensory Program; Community grants; the Pregnancy and Breastfeeding Hotline Program; High Risk Perinatal Services; and Immunizations//2008// /2009/$621,818 is budgeted for the Sensory Program; Community grants; the Pregnancy and Breastfeeding Hotline Program; High Risk Perinatal Services; and Immunizations//2009// ***/2010/Population-Based Services: $269, 590 is budgeted for children's health initiatives that include the Sensory Program, Community grants, Pregnancy and Breastfeeding Hotline, High Risk Perinatal Services and Immunizations.//2010//***

Enabling and Non-Health Support: $403,391 will support the Child Health Program's contract with Arizona Academy of Pediatrics and Community grants./2007/$386,304 will support the Medical Home Project and Community grants//2007// /2008/$308,150 will support Medical Home Project and Community grants.//2008// /2009/$379,095 will support the Medical Home Project and Community grants//2009// ***/2010/Enabling and Non-Health Support: $272, 932 will support planning, education and partnership initiatives that include the Medical Home Project and Community grants.//2010//***

Direct Health Care Service: $1,752,302 will support community nursing services for high-risk infants; oral health services for children; Reproductive Health Program and Community grants./2007/$1,708,766 will support community nursing services for high-risk infants; oral health services for children; the Reproductive Health Program and Community grants//2007// /2008/$1,588,576 will support community nursing services for high-risk infants; oral health services for children; and the Reproductive Health Program//2008// /2009/$1,633,717 will support community nursing services for high-risk infants; oral health services for children; and the Reproductive Health Program//2009// ***/2010/Direct Health Care Service: $2,209,274 will***

support community nursing services for high-risk infants, oral health services for children and Reproductive Health services for women.//2010//

Indirect Administrative Costs: $776,985 /2007/$751,229//2007// /2008/$725,512//2008// /2009/$702,875//2009// ***/2010/Indirect Administrative Costs: $703,577//2010//***

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.